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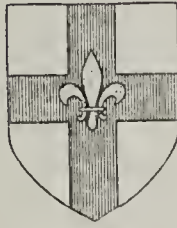
CITY AND COUNTY
BOROUGH OF LINCOLN



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE
YEAR ENDED 31st DECEMBER, 1969

*Including Reports of
The Principal School Medical Officer
and The Chief Public Health Inspector*

CITY AND COUNTY
BOROUGH OF LINCOLN



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE
YEAR ENDED 31st DECEMBER, 1969

R. D. HAIGH, M.B., Ch.B., D.P.H., M.M.S.A., D.R.C.O.G., D.C.H.
Medical Officer of Health

To: The Right Worshipful The Mayor,
Aldermen and Councillors of the
City and County Borough of Lincoln.

Mr. Mayor, Aldermen and Councillors,

I am pleased to present my Annual Report on the health of the City for the year 1969.

The Registrar-General's Estimate of the population of the City in 1969 was 75,570, 150 less than in the previous year. There was also a slight reduction in the number of births, 1,206 compared with 1,243 in 1968. It is pleasing to report that for the first time for many years the illegitimate birth rate has not risen although the rate is still higher than that for the Country as a whole. There were 143 illegitimate births during 1969 (compared with 150 in the previous year) giving a rate of 11.9 per cent of total live births. The illegitimate live birth rate for England and Wales in 1969 was 8.0. It is also gratifying to report that there were no maternal deaths during 1969 and for the first time there were no deaths from tuberculosis.

There was little change during the year in the arrangements for infant welfare clinics and all sessions were well attended. Although there has been considerable delay in obtaining final approval to the building of a Health Centre in the Boultham Park area, it is gratifying to report that this Centre will, in fact, be completed during the financial year 1970/71. The Birchwood Centre, erected in 1968, although small and in no way comparable to the Ravendale Clinic, is providing good facilities for the General Practitioner living on the Estate and also for the Local Authority's infant welfare and family planning clinics.

The opening of the new Maternity Wing at the Lincoln County Hospital has resulted in a considerable reduction in the number of domiciliary confinements as it is now usually possible for any woman who wishes to be confined in hospital to be admitted. During 1969 the number of confinements at home attended by the District Midwives was 235, compared with 329 in the previous year. The midwifery staff has been reduced and at the end of the year five were employed, whereas the establishment for many years has been nine. However, although the number of home confinements has decreased, the district midwife has to care for all women discharged from hospital before the 10th day after confinement and 202 such women were attended by the district midwives during 1969.

The Health Services and Public Health Act, 1968, which came into operation on 9th September, 1968, removed the legal barriers which previously prevented District Midwives from working in hospitals and during 1969 discussions took place to consider the possibility of these midwives, in consultation with the general practitioner, providing ante-natal care, accompanying the mother to hospital, being in attendance at her delivery there and arranging post-natal care. This would appear to be an ideal arrangement and it is hoped the progress in the introduction of such a scheme will be made during 1970.

With the general decline in the number of home confinements, it is becoming difficult to cope with the training of student midwives. The Central Midwives Board's regulations stipulated that each student should attend and deliver at least ten home confinements during her training, but this number has now been reduced to six.

For some years the screening of all babies for Phenylketonuria, a disease which is caused by incomplete protein breakdown resulting in mental sub-

normality, has been carried out by the Health Visitors using the Phenistix — nappy test. Following a report by the Medical Research Council, it is now recommended that a simple blood test, known as the Guthrie Test, is more accurate. This test is carried out on the sixth day of life and involves the pricking of the baby's heel to obtain four drops of blood on special testing paper. Arrangements have been made for this new test to be introduced in the area as from the beginning of 1970. Babies born in the Maternity Wing of the County Hospital and still there on the 6th day will be tested by the hospital midwifery staff. Babies born at home will be tested by the district midwives and any baby coming from another area who has not been so tested will be visited by the health visitor.

Little progress has been made in the 'attachment' of Local Health Authority staff to General Practitioners. However, doctors in two practices (one in the north and one in the south of the City) have agreed that Health Visitors should attend their surgeries regularly and the scheme is working well to the benefit of all concerned.

One of the most important decisions taken in recent years by the Health Committee has been the setting up of a Family Planning Clinic conducted by the Authority's Staff. For many years, the Family Planning Association have held clinics at the Maternity and Child Welfare Centre, Newland and in 1968, it was decided to pay a subsidy of 10/- in respect of any patient, resident in the City, attending the Family Planning Association's Clinic for the first time, thus almost halving the cost a woman would have to pay on her first visit. A clinic for the insertion of intra-uterine devices without charge to socially deprived mothers of large families has been in operation since 1968. However, in August, 1969, a Family Planning Clinic was started to provide free advice to any women living in the City (in addition to the I.U.D. clinic which was being held) a charge being made only for supplies and appliances. At the outset, the clinic was held one evening each week and any woman wishing to attend was given an appointment within two or three weeks. Plans are envisaged to extend these clinic facilities as the demand increases and medical and nursing staff can be recruited to conduct additional sessions.

I should like to comment on the unfortunate manner in which the Scowen Committee dealt with the high oestrogen content contraceptive pills which attracted considerable attention from all the mass media methods of communication. This had an adverse effect on the women attending the Family Planning Clinic and caused alarm amongst them which was totally unjustified. The harmful effects were grossly overemphasised and misleading and the risk to women taking high oestrogen pills was very much smaller than the risk due to pregnancies which would have occurred without their use. Now that the low oestrogen pills are available, the risk is infinitesimally small.

It is interesting to note the considerable decrease in the number of cases of measles notified during 1969 — only 17 compared with 813 in 1968 and 262 in 1967. It is too soon to attribute this dramatic reduction to the effectiveness of measles vaccinations already given, and continued efforts must be made to ensure that by vaccination, measles becomes as rare a disease as diphtheria and poliomyelitis. It is pleasing to report that the epidemic of infective hepatitis which was spread over two years finally subsided in September, 1969. Fifty-eight cases were notified in 1969 and 404 in the previous year.

In recent years, Lincoln has been fortunate that despite the nation-wide and world-wide increased incidence of venereal disease, there has not been a substantial rise in the number of new patients seeking treatment at the

Venereal Disease Clinic. However, in 1969, 63 new cases of Gonorrhoea were treated at the Clinic and this number, almost double the number in 1968, is the highest in Lincoln since 1946. Venereal disease is not a notifiable disease and these figures indicate trends and not true incidence. The increasing number of females affected gives rise to particular concern as women affected are often symptom-free and the diagnosis is not made. The number of cases treated therefore may represent only a fraction of the true incidence.

In my Report for 1968, mention was made of the growing need for a Hostel for mentally sub-normal women and I am now pleased to report that such a Hostel will be available at the end of 1970 as the City Council have purchased "The Quarry", Wragby Road, for this purpose. Considerable adaptations will be necessary, mainly to provide adequate accommodation for resident staff, but when completed I am confident the premises will provide a most attractive Hostel which will meet a long felt need. St. Hugh's Hostel, Newport, although not purpose-built, provides a comfortable home for 22 mentally subnormal men. Owing to financial restrictions, the minimum cost was incurred when furnishing the hostel and as soon as possible, further money should be made available to provide a better standard of furnishings and equipment.

The number of patients carried by the Ambulance Service continues to increase, in fact there was an increase of 10.8% in 1969 compared with the previous year. Although there was an increase in the establishment during the year by 2 additional driver/attendants, the staff are always working under pressure and it has not been possible to arrange release for attendance at an Approved Training Centre. If such training is to be undertaken, additional staff may have to be employed. For the first time since the war years, women have been recruited as drivers and at the end of the year, three women were employed and giving excellent service.

The expansion of the domestic help service is halted by limitation of the finance available and in order to keep within the estimates it is necessary to watch carefully the priorities of the various categories of people requiring help. During 1969, 944 cases were assisted compared with 929 in the previous year.

The Social Services Act, 1970, the Royal Commission Report on Local Government Reorganisation and the second Green Paper on the reorganisation of the National Health Service will have important and far-reaching effects on the future pattern of the existing Health Department Services.

I would like to take advantage of this Report to record my appreciation of the other branches of the Health Service in their efforts to provide a better and more co-ordinated service in the City, to the various Voluntary Bodies and Societies for the interest shown and the work undertaken, and also to the voluntary helpers who assist at the Infant Welfare and Family Planning Clinics and also at the Social Clubs.

In conclusion, I should like to express my sincere thanks to the Health Department staff for their loyal service throughout the year. The work load has increased considerably. I should also like to thank the Chairman of the Health Committee, Councillor Mrs. S. J. Townend for her enthusiasm and support.

R. D. HAIGH,
Medical Officer of Health.

City Health Department, Beaumont Fee,
LINCOLN.
September, 1970.

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HEALTH COMMITTEE, 1969

THE RIGHT WORSHIPFUL THE MAYOR
ALDERMAN JOHN H. SPENCE

Chairman: COUNCILLOR MRS. S. J. TOWNEND

Council Members:

Councillor F. T. Allen	Councillor Mrs. A. J. Naftalin
Councillor Dr. R. J. Read	Councillor A. E. Page
Councillor R. G. Bracey	Councillor R. D. Horner
Councillor Mrs. E. M. Dawber	Councillor D. J. Fowler

Other Members:

Dr. T. M. O'Brien	Mr. G. H. Kelsey
Mrs. H. P. Dyson	Mr. G. Manning
Miss M. C. Edwards	Mr. B. Titley

Necessitous Cases Sub-Committee

Chairman: COUNCILLOR MRS. S. J. TOWNEND

Councillor R. G. Bracey	Councillor R. D. Horner
Councillor Dr. R. J. Read	Councillor Mrs. A. J. Naftalin

Prosecutions Sub-Committee

Chairman: COUNCILLOR MRS. S. J. TOWNEND

Councillor R. G. Bracey	Councillor Dr. R. J. Read
Councillor R. D. Horner	Councillor Mrs. A. J. Naftalin

STAFF OF THE CITY HEALTH DEPARTMENT, 1969

Medical Officer of Health and Principal School Medical Officer:

R. D. HAIGH, M.B., Ch.B., D.P.H., M.M.S.A., D.R.C.O.G., D.C.H.

Deputy Medical Officer of Health:

P. E. ELWOOD, M.B., B.Ch., B.A.O., D.P.H., D.R.C.O.G. (to 31st March)
Vacancy from 31st March

School Medical Officers and Assistant Medical Officers of Health

E. G. MYRA CUMMINGS, M.R.C.S., L.R.C.P., D.P.H.
PHOEBE H. CHANCE, M.R.C.S., L.R.C.P.

Assistant Medical Officer of Health

CATRIONA F. G. SMITH, M.B., Ch.B.
(part-time)

Principal School Dental Officer:

G. A. VEGA, B.D.S.

School Dental Officers:

J. ICETON, L.D.S., R.C.S.
MRS. D. BIRRELL, B.D.S.

Dental Auxiliary:

Miss S. D. CLIFT (to 25th July)

Chief Public Health Inspector:

J. JONES, CERT. S.I.E.J.B., MEAT AND FOOD CERT. R.S.H., SANITARY SCIENCE CERT.
R.S.H., SMOKE INSPECTOR'S CERT. R.S.H.

Deputy Chief Public Health Inspector:

G. T. W. SHEPHERD, CERT. S.I.E.J.B., MEAT AND FOOD CERT. R.S.I.

Public Health Inspectors:

B. OVERSBY, CERT. P.H.I.E.B., MEAT AND FOOD CERT. R.S.H., SMOKE INSPECTOR'S
CERT. R.S.H., D.M.A.
P. D. ARROWSMITH, CERT. S.I.E.J.B., MEAT AND FOOD CERT. R.S.H.
G. BOTTOMLEY, CERT. P.H.I.E.B., MEAT AND FOOD CERT. R.S.H., SMOKE
INSPECTOR'S CERT. R.S.H.
J. D. BULLIMORE, CERT. S.I.E.J.B., MEAT AND FOOD CERT. R.S.H. (from 1st
March)
P. A. COBBETT, CERT. P.H.I.E.B.
C. BECK, CERT. P.H.I.E.B., SMOKE INSPECTOR'S CERT. R.S.H. (from 5th July)

Authorised Meat Inspector:

A. CLAYTON

Pupil Public Health Inspectors:

R. C. HARTFORD

Superintendent Nursing Officer:

Miss E. M. DAY, S.R.N., S.C.M., Q.I.D.N., H.V. (CERT.)

Health Visitors:

MRS. M. MARTIN, S.R.N., R.S.C.N., H.V. (CERT.)
 MRS. M. L. DIMBLEBY, S.R.N., S.C.M., H.V. (CERT.)
 MISS A. H. TAYLOR, S.R.N., S.C.M., R.S.C.N., H.V. (CERT.)
 MISS G. J. SCOTT, S.R.N., S.C.M., H.V. (CERT.)
 MISS S. A. EAST, S.R.N., B.T.A. (CERT.) H.V. (CERT.)
 MRS. J. M. DUNHAM, S.R.N., S.C.M., H.V. (CERT.) (to 19th September)
 MRS. D. M. ROBINSON, S.R.N., S.C.M., H.V. (CERT.) (to 31st December)
 MISS J. E. GREEN, S.R.N., S.C.M., Q.I.D.N., H.V. (CERT.) (part-time)
 MISS F. BOOTH, S.R.N., S.C.M., H.V. (CERT.), B.T.A. (HONS.), S.R.F.N. (part-time)
 MRS. S. B. OSBORNE, S.C.M., H.V. (CERT.) (from 1st May to 31st December)
 MRS. P. S. TROUT, S.R.N., S.C.M., H.V. (CERT.) (from 22nd September)

Student Health Visitors

MRS. L. A. LEE, S.R.N., S.C.M.
 MISS P. E. MITCHELL, S.R.N., S.C.M.

Health Education Officer:

MRS. C. A. HANSON, S.R.N., S.C.M., H.V. (CERT.), C.N.N.

Non-Medical Supervisor of Midwives:

MISS E. DITCHBURN, S.R.N., S.C.M., M.T.D., Q.I.D.N.

District Midwives:

MRS. G. M. ENGLISH, S.R.N., S.C.M.
 MRS. J. M. VEAR, S.C.M.
 MRS. R. PARK, S.R.N., S.C.M.
 MRS. B. MICHAEL, S.R.N., S.C.M.
 MISS J. WALKER, S.R.N., S.C.M. (to 31st December)
 MISS J. E. SEAGER, S.C.M., C.N.N. (to 31st August)
 MISS P. E. MITCHELL, S.R.N., S.C.M. (to 21st September)

District Nurses:

MISS J. BARSLEY, S.R.N., Q.I.D.N.
 MRS. M. COLE, S.R.N., Q.I.D.N.
 MRS. M. A. ATKINSON, S.R.N., Q.I.D.N.
 MISS L. M. DAWSON, S.R.N., S.C.M.
 MRS. K. DREWERY, S.R.N., Q.I.D.N.
 MISS J. GRIFFITH, S.R.N., Q.I.D.N.
 MRS. A. HOWLETT, S.R.N., Q.I.D.N.
 MRS. N. SMITH, S.R.N., S.C.M., Q.I.D.N.
 MRS. N. TOYNE, S.R.N., Q.I.D.N.
 MRS. F. WALMSLEY, S.R.N., Q.I.D.N.
 MR. F. O. BELL, S.R.N., Q.I.D.N.
 MR. W. BRIGGS, S.R.N., Q.I.D.N.
 MR. J. H. PARKER, S.R.N., Q.I.D.N.
 MR. C. J. NORTHCOTT, S.R.N., Q.I.D.N.
 MISS P. PYBONE, S.R.N. (part-time) (to 21st February)
 MRS. V. E. WARD, S.R.N. (part-time) (from 14th April)

Clinic Nurse:

MRS. J. A. PRATT, S.R.N.

Day Nursery:

Matron	MISS B. E. TAYLOR, S.R.N., S.R.F.N.
Deputy Matron	MISS R. CAULTON, C.N.N.
Nursery Nurses	MISS E. M. E. DRIFFILL, C.N.N.
	MRS. H. V. SHIPMAN, C.N.N. (to 31st October)
	MISS L. BAXTER, C.N.N. (to 8th March)
	MISS V. HODGSON, C.N.N. (to 30th November)
	MISS H. B. KINNARD, C.N.N.
	MRS. S. WOOD, C.N.N. (from 8th April)

Chiropodists:

R. W. SAVAGE, S.R.Ch.
 MRS. D. A. WELLS (part-time) (from 13th May)
 MRS. A. D. BROWN, M.Ch.S. (part-time) (from 12th May)
 MISS S. M. MALT, M.Ch.S. (to 30th June)
 J. POXON, L.Ch., H.Ch., S.R.Ch. (to 15th May)
 F. T. SMITH, M.Ch.S. (from 21st July)

Mental Welfare Officers:

J. B. GRACEY, S.R.M.N., S.R.M.N.D. (Senior Mental Welfare Officer)
 R. MASON, S.R.N., R.M.N., B.T.A. (CERT.)
 MISS M. McDUGAL, R.M.N.
 C. S. DALES, S.R.N., R.M.N., B.T.A. (CERT.)

Adult Training Centre:

Manager: J. RUSHFORTH, R.M.N.
 Assistants MRS. M. VALTERS
 MRS. B. A. JONES
 J. E. ROGERS (to 12th August)
 W. B. FLATTERS
 R. COX (to 26th September)
 G. E. SMITH (from 10th August)
 P. NEWCOMBE (from 27th October)

Junior Training Centre:

Supervisor: MRS. J. A. WEBB, N.A.M.H. (DIPLOMA), C.T.C. DIPLOMA
 Deputy Supervisor: MRS. E. EITE, S.R.N., C.T.C. DIPLOMA
 Assistants MISS S. A. WADSLEY, C.T.C. DIPLOMA
 MRS. J. BONSER, C.T.C. DIPLOMA
 MRS. S. WOJNA (to 17th October)
 MRS. W. J. DAWSON
 MRS. R. M. HART (from 11th November)

Special Care Unit:

MRS. J. M. SLINGER, S.R.N., C.N.N. (part-time) (to 26th February)
 MRS. J. A. E. SALISBURY, S.R.N. (part-time)
 MRS. B. I. HALE, S.E.N.

Hostel for Mentally Sub-Normal Adult Males:

Warden: J. H. GEERLING, R.N.M.S.
 Matron: MRS. L. GEERLING
 Deputy Warden: J. GRAY (part-time) (to 17th July)
 E. E. WEST (part-time) (to 17th May)
 R. HARLEY (from 19th May)
 Deputy Matron: MRS. D. J. COOK

Ambulance Service:

Ambulance Officer	V. R. NORTH, F.I.A.O.
Deputy Ambulance Officer	H. LEEMING
Ambulance Liaison Officer:	A. E. RAYSON
Clerk	MISS J. M. WALLS
Clerk/Telephonist	MISS M. HOWE
Driver/Attendants: 31 (at the end of the year)	

Home Help Service:

Organiser	MISS H. BALDWIN, M.I.H.H.O.
Assistant Organiser	MISS M. E. TREVIS, M.I.H.H.O. DIP.
Clerks	MISS S. E. MOYSES
	MRS. W. B. TURNELL (part-time)
Helps at the end of the year: Whole-time 11; Part-time 133	

Pests Officer:

A. H. WALKER

Rodent Operators:

R. WOOLFITT R. D. HIGGINS

Dental Surgery Assistants:

MISS M. ASKEW
 MRS. M. WALLIS (to 12th September)
 MISS P. SMALLEY
 MRS. V. PORTERGILL

Dental Health Education Officer:

MRS. J. ABELL (to 30th September)
 MISS M. F. BRADLEY (from 1st November)

Lay Administrative Assistant:

J. C. MARTIN, A.R.S.H.

Clerks:

A. C. TAYLOR
 N. F. McLEOD
 B. F. SPALDING
 MISS M. A. BOYNTON
 MISS S. M. JOHNSON
 MISS E. KETTLEBORO
 MISS L. J. STOCKS
 MRS. E. PICKWELL
 MISS A. BURNETT
 MRS. J. BUSH
 MRS. J. PRIESTLEY (part-time)
 MRS. E. GROCOCK (part-time clinic clerk)
 MRS. J. K. McLEOD (part-time clinic clerk)
 MRS. P. J. ELLIS (Dental Clinic)
 MRS. J. M. JONES
 MISS M. BRIGGS (to 15th August)
 MISS K. PAUL (from 18th August)
 MRS. I. MORIER (from 3rd February to 26th September)
 MRS. A. M. NEWMARCH (from 3rd November)

STATISTICAL INFORMATION

GENERAL STATISTICS

Area of City in acres	8,825
Number of dwelling houses, 1st April, 1969	26,077
Rateable Value, 1st April, 1969	£2,853,865
Sum represented by a penny rate	£11,530

VITAL STATISTICS

Population (estimate mid-year, 1969)	75,570
Live Births:—	
Number	1,206
Rate per 1,000 population	16.0
Illegitimate Live Births	143
Illegitimate Live Births—per cent of total live births	11.9
Still-births:—	
Number	17
Rate per 1,000 total live and still births	13.9
Total Live and Still Births	1,223
Infant Deaths (deaths under 1 year)	30
Infant Mortality Rates:—	
Total infant deaths per 1,000 total live births	24.9
Legitimate infant deaths per 1,000 legitimate live births	22.6
Illegitimate infant deaths per 1,000 illegitimate live births	42.0
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	14.1
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	12.4
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births)	26.2
Maternal Mortality (including abortion):—	
Number of deaths	—
Rate per 1,000 total live and still births	0.0
Net Deaths	914
Death Rate per 1,000 population	12.1
Tuberculosis Mortality Rate, per 1,000 population	0.0
Cancer Mortality Rate, per 1,000 population	2.24
Area Comparability Factors: Births 1.03 Deaths 1.00	

COMPARISON OF CERTAIN VITAL STATISTICS WITH RATES FOR ENGLAND AND WALES

	<i>Lincoln</i>	<i>England and Wales</i>
Live Birth Rate	16.0	16.3
Still Birth Rate	13.9	13
Illegitimate Live Birth Rate per cent of total Live Births	11.9	8
Maternal Mortality Rate	0.00	0.19
Infant Mortality Rate	24.9	18
Neo-natal Mortality Rate	14.1	12
Perinatal Mortality Rate	26.2	23
Death Rate	12.1	11.9
Tuberculosis Mortality Rate	0.0	0.37
Cancer Mortality Rate	2.24	2.35

COMPARATIVE TABLE—LAST FIVE YEARS

	1965	1966	1967	1968	1969
Population	76,910	76,720	77,150	75,720	75,570
Net Live Births	1,354	1,298	1,274	1,243	1,206
Still Births	13	19	28	20	17
Illegitimate Birth Rate ...	9.08	8.71	10.67	12.06	11.9
Net Deaths	887	1024	927	936	914
Live Birth Rate	17.96	17.26	17.01	16.91	16.0
Still Birth Rate	9.51	14.43	21.50	15.83	13.9
Infant Deaths	29	20	39	15	30
Infant Mortality Rate ...	21.42	15.41	30.6	12.06	24.9
Neo-natal Mortality Rate ...	16.99	9.24	20.41	8.05	14.1
Maternal Mortality Rate ...	0.73	0.76	0.00	0.79	0.0
Death Rate	11.65	13.34	12.14	12.36	12.1
Tuberculosis Mortality Rate	0.05	0.03	0.04	0.05	0.0
Cancer Mortality Rate ...	2.30	2.81	2.36	2.16	2.2

Births

There were 1,206 live births during the year, 599 males and 607 females. The number of still births was 17 and the number of illegitimate live births was 143.

Deaths

There were 914 deaths (468 males and 446 females) giving an adjusted death rate of 12.1 per 1,000 population. The ages and causes of death are given in the following tables:

DEATHS IN AGE GROUPS, 1969

		4 wks & under											Total
		Under 4 wks.	1 year	1- yr.	5- yrs.	15- yrs.	25- yrs.	35- yrs.	45- yrs.	55- yrs.	65- yrs.	75 & over	
Males	...	6	8	1	1	5	3	16	31	98	139	160	468
Females	...	11	5	2	—	1	1	11	21	43	101	250	446
Totals	...	17	13	3	1	6	4	27	52	141	240	410	914

The following table shows the causes of death most common in 1969:—

Malignant neoplasm

Lung and bronchus	..	..	..	..	43
Intestine	..	..	..	..	26
Breast	..	..	..	..	15
Other malignant neoplasms	..	..	..	..	50
Cerebrovascular disease	..	..	..	..	112
Ischaemic heart disease	..	..	..	..	235
Other forms of heart disease	..	..	..	..	48
Pneumonia	..	..	..	..	68
Bronchitis and Emphysema	..	..	..	..	59

SUMMARY OF PRINCIPAL CAUSES OF DEATH, 1969

Cause of Death	Sex	Total all ages	4 wks under and under 1 yr			1-	5-	15-	Age in Years					65-	75 & over
			25-	35-	45-				55-						
Enteritis and other Diarrhoeal Diseases	M	-	-	-	-	-	-	-	-	-	-	-	-	-	
	F	2	-	1	-	-	-	-	-	-	-	-	-	-	
Measles	M	1	-	-	-	1	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	
Other Infective and Parasitic Diseases	M	1	-	-	-	-	-	-	-	-	1	-	-	-	
	F	2	-	-	-	-	-	-	1	-	-	1	-	-	
Malignant Neoplasm:															
Buccal Cavity etc.	M	1	-	-	-	-	-	-	-	-	-	1	-	-	
	F	1	-	-	-	-	-	-	-	1	-	-	-	-	
Oesophagus	M	1	-	-	-	-	-	-	-	1	-	-	-	-	
	F	3	-	-	-	-	-	-	-	-	-	-	-	3	
Stomach	M	7	-	-	-	-	-	-	1	-	4	1	1	-	
	F	9	-	-	-	-	-	-	1	-	-	1	7	-	
Intestine	M	17	-	-	-	-	-	-	-	1	3	6	7	-	
	F	9	-	-	-	-	-	-	1	-	1	4	3	-	
Larynx	M	1	-	-	-	-	-	-	-	-	-	1	-	-	
	F	1	-	-	-	-	-	-	-	-	-	-	1	-	
Lung, Bronchus...	M	35	-	-	-	-	-	-	1	6	15	8	5	-	
	F	8	-	-	-	-	-	-	-	1	4	3	-	-	
Breast	M	1	-	-	-	-	-	-	-	-	1	-	-	-	
	F	14	-	-	-	-	-	-	2	4	3	2	3	-	
Uterus	F	3	-	-	-	-	-	-	-	-	1	-	2	-	
Prostate	M	3	-	-	-	-	-	-	-	-	1	-	2	-	
Leukaemia	M	1	-	-	-	-	-	-	-	-	-	-	1	-	
	F	4	-	-	1	-	-	-	1	-	2	-	-	-	
Other Malignant Neoplasms, etc.	M	23	-	-	1	-	1	-	2	2	5	8	4	-	
	F	27	-	-	-	-	-	-	2	4	2	12	7	-	
Benign and Unspecified Neoplasms	M	1	-	-	-	-	-	-	1	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	
Diabetes Mellitus	M	2	-	-	-	-	-	-	-	-	-	1	1	-	
	F	4	-	-	1	-	-	-	1	-	1	-	1	-	
Other Endocrine, etc. Diseases	M	2	-	-	-	-	-	-	-	1	1	-	-	-	
	F	2	-	-	-	-	-	-	-	-	-	2	-	-	
Anaemias	M	2	-	-	-	-	-	-	-	-	-	1	1	-	
	F	3	-	-	-	-	-	-	-	-	-	-	3	-	
Mental Disorders	M	1	-	-	-	-	-	-	-	-	-	-	1	-	
	F	2	-	-	-	-	-	-	-	-	-	-	2	-	
Other Diseases of Nervous System, Etc.	M	2	-	-	-	-	-	-	-	1	-	1	-	-	
	F	5	-	1	-	-	-	-	-	-	2	2	-	-	
Chronic Rheumatic Heart Disease	M	1	-	-	-	-	-	-	-	1	-	-	-	-	
	F	4	-	-	-	-	-	-	-	-	4	-	-	-	
Hypertensive Disease	M	8	-	-	-	-	-	-	-	1	2	2	3	-	
	F	15	-	-	-	-	-	-	-	1	1	5	8	-	
Ischaemic Heart Disease	M	140	-	-	-	-	-	-	4	8	36	50	42	-	
	F	95	-	-	-	-	-	-	1	2	8	20	64	-	
Other Forms of Heart Disease	M	19	-	-	-	-	1	-	-	-	3	1	14	-	
	F	29	-	-	-	-	-	-	-	1	-	5	23	-	
Cerebrovascular Disease	M	49	-	-	-	-	-	1	-	-	7	16	25	-	
	F	63	-	-	-	-	-	-	-	2	2	15	44	-	
Other Diseases of Circulatory System	M	20	-	-	-	-	-	-	-	3	2	5	10	-	
	F	23	-	-	-	-	-	-	-	-	3	7	13	-	
Sub-Total...															
	M	339	-	-	1	1	2	1	9	24	81	102	117	-	
	F	328	-	2	2	-	-	-	10	16	34	79	184	-	

SUMMARY OF PRINCIPAL CAUSES OF DEATH, 1969

Cause of Death	Sex	Total all ages	Under 4 wks	4	1-	5-	15-	Age in Years							75 or over
				4 wks and under 1 yr				25-	35-	45-	55-	65-			
Influenza ...	M	2	-	-	-	-	-	-	-	-	-	1	-	1	
	F	1	-	-	-	-	-	-	-	-	-	-	1	-	
Pneumonia ...	M	27	1	4	-	-	-	-	-	1	2	6	13		
	F	41	-	2	-	-	-	-	-	-	1	7	31		
Bronchitis and Emphysema	M	44	-	-	-	-	-	-	-	2	8	22	12		
	F	15	-	-	-	-	-	-	-	-	4	4	7		
Asthma ...	M	2	-	-	-	-	-	-	1	-	1	-	-		
	F	2	-	-	-	-	-	-	-	-	1	1	-		
Other Diseases of Respiratory System	M	5	-	3	-	-	-	-	-	1	-	-	1		
	F	6	-	1	-	-	-	-	-	-	-	1	4		
Peptic Ulcer ...	M	4	-	-	-	-	-	-	-	-	-	-	4		
	F	4	-	-	-	-	-	-	-	-	-	1	3		
Intestinal Obstruction and Hernia ...	M	2	-	-	-	-	-	-	-	-	-	-	2		
	F	1	-	-	-	-	-	-	-	-	-	-	1		
Cirrhosis of Liver	M	2	-	-	-	-	-	-	-	-	-	2	-		
	F	2	-	-	-	-	-	-	-	-	2	-	-		
Other Diseases of Digestive System	M	2	-	-	-	-	-	-	-	-	1	1	-		
	F	8	-	-	-	-	1	-	-	-	-	2	5		
Nephritis and Nephrosis	M	6	-	-	-	-	-	1	-	1	1	2	1		
	F	4	-	-	-	-	-	-	-	-	-	-	4		
Hyperplasia of Prostate	M	5	-	-	-	-	-	-	-	-	-	2	3		
	F	5	-	-	-	-	-	-	-	-	-	-	-		
Other Diseases, Genito-Urinary System ...	M	3	-	-	-	-	-	-	-	-	-	-	3		
	F	3	-	-	-	-	-	-	-	1	-	1	1		
Diseases of Musculo-Skeletal System ...	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	3	-	-	-	-	-	-	-	1	-	1	1		
Congenital Abnormalities	M	4	1	-	-	-	1	-	1	-	1	-	-		
	F	4	1	-	-	-	-	1	1	1	-	-	-		
Birth Injury, Difficult Labour, Etc. ...	M	3	3	-	-	-	-	-	-	-	-	-	-		
	F	5	5	-	-	-	-	-	-	-	-	-	-		
Other Causes of Perinatal Mortality ...	M	1	1	-	-	-	-	-	-	-	-	-	-		
	F	5	5	-	-	-	-	-	-	-	-	-	-		
Symptoms and ill-defined Conditions ...	M	2	-	-	-	-	-	-	-	-	-	-	2		
	F	3	-	-	-	-	-	-	-	-	-	-	3		
Motor Vehicle Accidents ...	M	7	-	-	-	-	2	-	1	1	1	2	-		
	F	1	-	-	-	-	-	-	-	-	-	-	1		
All Other Accidents	M	4	-	1	-	-	-	-	1	-	1	-	1		
	F	6	-	-	-	-	-	-	-	-	-	2	4		
Suicide and Self-inflicted Injuries ...	M	4	-	-	-	-	-	1	3	-	-	-	-		
	F	3	-	-	-	-	-	-	-	1	1	-	1		
All Other External Causes ...	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	1	-	-	-	-	-	-	-	1	-	-	-		
Total All Causes	M	468	6	8	1	1	5	3	16	31	98	139	160		
	F	446	11	5	2	-	1	1	11	21	43	101	250		

DEATHS FROM CANCER

There were 169 deaths from Cancer during the year (shown in the table below) compared with 164 during 1968. It will be noted that there were 43 deaths from Cancer of the lung, which represents 4.7% of the total deaths. Of these 43 deaths, 35 were males and 8 females.

Cancer of the lung mainly affects those in the age group 45 to 75 years and the figures show that it was nearly five times more common in males than in females and 25.3% of the total Cancer deaths were due to Cancer of the lung during 1969.

CANCER DEATHS, 1969

<i>Cause of Death</i>	<i>Sex</i>	<i>Under 1 yr.</i>	<i>1- 5-</i>	<i>15- 25-</i>	<i>Age in Years 35- 45-</i>	<i>55-</i>	<i>65-</i>	<i>75 & over</i>	<i>Total</i>
MALIGNANT NEOPLASM OF									
Buccal cavity, etc.	Males	-	-	-	-	-	-	1	1
	Females	-	-	-	-	-	1	-	1
Oesophagus	Males	-	-	-	-	-	1	-	1
	Females	-	-	-	-	-	-	-	3
Stomach	Males	-	-	-	-	1	-	4	1
	Females	-	-	-	-	1	-	-	1
Intestine	Males	-	-	-	-	-	1	3	6
	Females	-	-	-	-	1	-	1	4
Larynx	Males	-	-	-	-	-	-	-	1
	Females	-	-	-	-	-	-	-	1
Lung, Bronchus	Males	-	-	-	-	1	6	15	8
	Females	-	-	-	-	-	1	4	3
Breast	Males	-	-	-	-	-	-	1	-
	Females	-	-	-	-	2	4	3	2
Uterus	Females	-	-	-	-	-	-	1	-
Prostate	Males	-	-	-	-	-	-	1	-
LEUKAEMIA									
	Males	-	-	-	-	-	-	-	1
	Females	-	1	-	-	1	-	2	-
OTHER MALIGNANT NEOPLASMS									
	Males	-	1	-	1	-	2	2	5
	Females	-	-	-	-	-	2	4	2
Totals	Males	-	1	-	1	-	4	10	29
	Females	-	1	-	-	-	7	10	13

Infant Mortality

There were 30 deaths under 1 year, giving an infant mortality rate of 24.9 per 1,000 live births, compared with a rate of 18 for England and Wales. 15 infants died within the first week of life and 2 died within the 2nd and 4th week of life.

The following table shows the ages and cause of death:

CAUSE OF DEATH	Under			Total				Total		
	1 wk	1-2 wks	3-4 wks	under 4 wks	1-3 mths	4-6 mths	7-9 mths	10-12 mths	under 12 mths	Total
Congenital Malformation	2	-	-	2	-	-	-	-	-	2
Pneumonia	-	-	1	1	4	1	-	-	5	6
Other Respiratory Diseases	-	-	-	-	3	1	1	-	5	5
Enteritis and Other Diarrhoeal Diseases	-	-	-	-	1	-	-	-	1	1
Diseases of Nervous System	-	-	-	-	-	-	1	-	1	1
Congenital Pulmonary Atelectasis	1	-	-	1	-	-	-	-	-	1
Birth Injury and Difficult Labour	2	-	-	2	-	-	-	-	-	2
Rhesus Incompatibility	-	-	-	-	-	-	-	-	-	-
Hyaline Membrane Disease	3	1	-	4	-	-	-	-	-	4
Prematurity	7	-	-	7	-	-	-	-	-	7
Asphyxia due to inhalation of Vomit	-	-	-	-	-	1	-	-	1	1
Total	15	1	1	17	8	3	2	-	13	30

Of the seven deaths notified as being due to prematurity, four infants were of a degree of immaturity which was probably incompatible with an independent existence.

Perinatal Mortality

The perinatal mortality rate is the number of still-births added to the number of infant deaths during the first week of life expressed as a rate per thousand total births, both live and still. It therefore gives a measure of the risk to the foetus during pregnancy after the 28th week, and also during parturition, as well as the risk in the early days after birth.

In 1969, there were 17 still-births and 15 deaths in the first week of life, giving a perinatal mortality rate for Lincoln of 26.2. The rate for 1968 was 23.76. The rate for England and Wales in 1969 was 23.

Suicide

During the year there were 7 deaths (4 male and 3 female) due to suicide and the causes of death are given in the table below. The number of suicides in the previous year was 8 (3 male and 5 female).

Cause of Death	AGE AND SEX								Total
	15 — 24		25 — 44		45 — 64		65 and over		
	M.	F.	M.	F.	M.	F.	M.	F.	
Coal gas poisoning	—	—	1	—	—	1	—	—	2
Barbiturate poisoning ...	—	—	—	—	—	1	—	1	2
Carbon monoxide poisoning ...	—	—	3	—	—	—	—	—	3
TOTAL ...	—	—	4	—	—	2	—	1	7

Cremations

The Crematorium in Washingborough Road was completed in November, 1968, and during the year 1969, there were 780 cremations. This was much higher than originally estimated. The Crematorium has attracted more than twice the estimated number of cremations from County districts including Gainsborough, Market Rasen, Newark, Sleaford and Horncastle.

The Medical Officer of Health, Deputy Medical Officer of Health and two Assistant Medical Officers are appointed as Medical Referees.

LOCAL HEALTH AUTHORITY SERVICES

CARE OF MOTHERS AND YOUNG CHILDREN

Infant Welfare Clinics

The average attendance per session (33.5) at the Infant Welfare Clinics was slightly lower than in the previous year (36.8) and there was a slight decrease in the total number of attendances — 24,594 compared with 25,436 in 1968.

The highest average attendances during the year were at Swallowbeck Church Hall and St. Catherine's Church Hall, 53.2 and 47.8 respectively.

The number of children who attended the Clinics during the year was as follows:

<i>Born in</i> 1969	<i>Born in</i> 1968	<i>Born in</i> 1964-67	<i>Total</i>
1038	1121	1994	4153

Of the 4,153 children who attended, 172 were referred for special treatment or advice as a result of a medical examination, either to a general practitioner or a consultant for special diagnosis and/or treatment.

Although the premises in which the clinics are now held are considerably better than was the case a few years ago, nevertheless some of the Church Halls are not entirely satisfactory. The condition of and the facilities provided at the Church Hall in the Bracebridge area have deteriorated in recent years and it was therefore decided to transfer the infant welfare clinic for this area to St. Catherine's Methodist Church Hall as from 5th May, 1969. This Hall, also, is not entirely satisfactory for clinic purposes but it provides better facilities and is a great improvement on that used formerly. It is hoped that the clinic facilities at St. Giles will be improved in the near future and that the building of the new clinic in Boutham Park will commence during the latter part of 1970. This will be the third purpose-built clinic to be provided in the City, the other two being on the Birchwood and Ermine Estates.

The Infant Welfare Clinics provided by the Local Health Authority at the end of the year were as follows:

<i>Place Held</i>	<i>Day</i>	<i>Time</i>
Maternity and Child Welfare Centre, 34 Newland	Tuesday	2—4 p.m.
	Wednesday	2-30—4 p.m. (by appointment)
	Friday	2—4 p.m.
Ravendale Clinic, Laughton Way	Tuesday	10—12 noon
	Thursday	10—11-30 a.m. (by appointment)
	Thursday	2—4 p.m.

<i>Place Held</i>	<i>Day</i>	<i>Time</i>
St. Giles' Methodist Church Hall, Addison Drive	Thursday	2—4 p.m.
Methodist Church Hall, Burton Road	Friday	2—4 p.m.
Methodist Church Hall, Walmer Street, off Monks Road	Wednesday	2—4 p.m.
Holy Cross Church Hall, Skellingthorpe Road	Monday	2—4 p.m.
	Friday	2—4 p.m.
Methodist Church Hall, Swallowbeck	Tuesday	2—4 p.m.
Methodist Church Hall, St. Catherines	Monday	2—4 p.m.
Birchwood Health Centre	Tuesday	2—4 p.m.
	Thursday	2—4 p.m.

The following table shows in detail the attendances at the Central Clinic at 34 Newland and at the various outlying Clinics:

		<i>No. of Sessions</i>	<i>Attend.</i>	<i>Av. Attendance per Session</i>	
				1969	1968
M. & C.W. Centre, Newland	Tues.	52	1959	37.7	42.5
„ „ (by appointment)	Wed.	39	297	7.6	8.0
„ „	Fri.	50	1721	34.4	39.0
Holy Cross Church Hall	Mon.	49	1796	36.6	36.6
„ „	Fri.	50	1366	27.3	31.4
St. Giles' Hall	Thur.	51	2208	43.3	44.7
Burton Road Hall	Fri.	50	2079	41.6	42.2
Swallowbeck Hall	Tues.	52	2764	53.2	52.5
Walmer Street Hall	Wed.	53	2076	39.2	44.0
St. Catherine's Hall	Mon.	49	2343	47.8	37.6
Ravendale Clinic	a.m. Tues.	52	1176	22.6	28.2
„ „ (by appointment)	a.m. Thur.	27	236	8.7	9.2
„ „	p.m. Thur.	51	1544	30.3	25.2
Birchwood Health Centre	Tues.	52	1625	31.2	24.1
	Thur.	51	1359	26.6	28.4
„ Toddlers' Clinic (by appointment)	Fri.	7	45	6.5	5.5
		<u>735</u>	<u>24594</u>	<u>33.5</u>	<u>36.8</u>

Ante-Natal Clinics

The Ante-Natal Clinics provided by the Local Health Authority at the end of the year were as follows:—

Maternity & Child Welfare Centre, 34 Newland	Wednesday	2—4 p.m.
Ravendale Clinic, Laughton Way	Monday	2—4 p.m.
Holy Cross Church Hall Skellingthorpe Road	Thursday	10—12 noon
Birchwood Health Centre	Friday	2—4 p.m.

The number of women who attended the ante-natal clinics and the total number of attendances made during the past three years are given in the following table:—

	1969	1968	1967
Total number of women who attended during the year	277	483	581
Total number of attendances	896	1786	2072

Details of the number attending at each Ante-Natal Clinic during the year are given in the following table:—

	<i>Seen by Doctor</i>	<i>*Total Attendances</i>
Newland Clinic	138	299
Holy Cross Church Hall	53	291
Birchwood Health Centre	11	44
Ravendale Clinic	114	268
	<hr/> 316	<hr/> 902

*including post-natal visits (6)

The midwife working on the Birchwood area of the City attends the Ante-natal Clinic of the General Practitioner for that area each Wednesday afternoon, when she is on duty.

In the Local Authority Clinics, each patient is seen by the Medical Officer in attendance at her first visit and again at the 34th or 36th week of her pregnancy. Routine haematological investigations are carried out (Rh. Group, W.R. and Haemoglobin estimation) on these occasions and medical and obstetric examinations. If there is need for further haematological investigation to be carried out, this is undertaken at the required intervals by the Medical Officer at the clinic.

To give the best possible service to the expectant mother, it is essential that she attends early enough for this service to be implemented. It is also important that the General Practitioner, Midwife and the various Local Health Authority Services work as a team for the benefit of the women in their care. The completion of the co-operation card carried by each patient is evidence of the degree of co-operation achieved between all who are caring for the expectant mother. In the last month of pregnancy and in some cases where the mother has a large family of small children, ante-natal care is carried out in the patient's own home. Reports of any investigation (chest X-ray, haematological, etc.) are sent to each doctor and midwife concerned and any abnormality discovered during attendance at the ante-natal clinic is referred to the general practitioner concerned for further treatment or investigation.

Ultra Violet Light Clinic

The Ultra Violet Light Clinic is held at the Maternity & Child Welfare Centre on Tuesday and Friday afternoons from 2 to 4 p.m.

The following table gives the number of cases treated and the number of attendances made:

	1969	1968
Total number of cases treated during the year	65	62
Total number of attendances	705	629

Children are given treatment on the recommendation of Medical Officers and at the request of the Consultant Chest Physician and of the cases treated at this clinic, 58 were school children and 7 were children under school age.

Supply of Welfare Foods

Welfare Foods are available, to those entitled to this benefit, at the main distribution point at the Newland Infant Welfare Centre during office hours and at all outlying clinics when the infant welfare sessions are held.

There was a further decrease in the number of cartons of National Dried Milk issued during the year, and, as the uptake of welfare foods has steadily decreased during the past ten years (in 1959, 25,640 tins of National Dried Milk and 46,661 bottles of orange juice were issued) it may be necessary in the near future, on economic grounds, to restrict the sale of these foods to the hours when the clinics are held and to discontinue the arrangements whereby foods may also be obtained at the Newland Centre during normal office hours.

	1969	1968
National Dried Milk cartons	4,054	6,126
Orange Juice bottles	20,349	19,596
Cod Liver Oil bottles	1,096	1,167
Vitamin A and D Tablets .. . packets	1,333	1,788

Care of Unmarried Mothers

The Health Committee's duty for the provision of care for unmarried mothers, when required, is carried out under an arrangement whereby the Lincoln Diocesan Board for Social Work make appropriate enquiries into cases where difficulties are anticipated and submit each case to the Health Department where financial assistance is needed towards the cost of maintenance at a Mother and Baby Home. During the year, grants were made in four cases, the same number as in the previous year. A grant of £670 was made by the Health Committee to the Lincoln Diocesan Board for the year 1969.

The number of illegitimate live births during 1969 was 143 (still births 3) compared with 150 in the previous year. This represents a rate of 11.9% of total live births registered, compared with a rate of 12.06% in the previous year.

Day Nursery

The average daily attendance at the Newland Day Nursery during 1969 was higher than in the previous year being 42.8 compared with 34.8 in 1968. The average daily attendance throughout the year was as follows:

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
40.8	38.9	41.8	43.4	48.1	48.1	39.0	41.0	43.7	46.0	44.4	38.1

The number of children on the register varied during the year from 47 to 61, the number at the end of the year being 47. Daily attendances varied between 20 and 54.

The criteria for admission remained the same, children being admitted when there was an urgent medical or social need. Children of teachers employed by the Lincoln Education Authority and children of nurses employed in the Lincoln Hospitals were also eligible for admission.

The fees remained the same as in the previous year — minimum 3/- and maximum 15/- per day. From 1st January, 1969, children of parents who were receiving social security benefits were admitted free of charge and on 31st December, six children were in this category.

During the year, 5 subnormal children attended, but there was only one attending at the end of the year, the other four having been transferred to the Junior Training Centre or Diagnostic Unit.

Three Nursery Students completed their second year's training at the Nursery and all were successful in obtaining the N.N.E.B. Certificate.

The staff held a Coffee Morning on 25th October and raised £60, half of which was donated to the N.S.P.C.C. and the remainder used for the Nursery Children's Christmas Party and for the purchase of extra toys for the Nursery.

On 31st December, 1969, the staff of the Nursery consisted of:

Matron

Deputy Matron

3 Nursery Nurses (2 vacancies)

7 Students

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

Section 60 of the Health Services and Public Health Act, 1968 amended the Nurseries and Child Minders Regulation Act, 1948 and from that date the scope of the 1948 Act was extended to include premises (other than those used wholly or mainly as private dwellings) in which children are received for a total of two hours or more in the day and persons, who in their own homes and for reward, look after one or more children under the age of five to whom they are not related, for similar periods.

At the end of the year, 8 premises (mainly Church Halls) were registered and 58 persons were registered as child minders.

There appears to be a growing demand by mothers for the attendance of their children at play groups, and it is likely that a play group will be held, in the future, during at least one morning each week in most Church Halls and Community Centres. Generally, the leaders of these play groups are young housewives and many of them belong to the Association of Pre-School Play Groups. A series of lectures was held during 1969 to which staff of Play Groups in the City were invited.

FAMILY PLANNING

For many years, the Family Planning Association have held clinics at the Maternity and Child Welfare Centre, 34 Newland at which any woman requiring contraceptive advice could attend, a charge being made for the advice given and for the supplies prescribed. The Association was allowed the use of the premises (including heating and lighting) for £1 per annum, and the Council made an annual grant to the Association.

In 1968, when the powers of the Local Health Authority were extended by the National Health Service (Family Planning) Act, it was decided to pay a subsidy of 10/- in respect of any patient, resident in the City, attending the Family Planning Association's Clinic for the first time. This arrangement continued until August, 1969, when it was decided to hold additional Family Planning Clinics organised and staffed by the Health Department when advice and consultations would be given free to women living in the City,

the only charge made being for the supplies and devices obtained. The former arrangement of subsidising each new patient attending the Family Planning Association's Clinic was then discontinued.

During the period 20th August, 1969 to 31st December, 1969, 19 Local Authority Clinic sessions were held at which 156 patients attended for the first time and the total number of attendances was 241. Approximately half of these patients were unmarried but of these a large number were willing to give a date of intending marriage in the immediate future.

The staff of each clinic consists of:

Medical Officer.

2 Nurses.

1 Clinic Clerk.

Voluntary helpers (7 on a rota basis).

Attendance at the clinic is by appointment on application to the Health Department.

At the end of the year, one clinic was being held each Wednesday evening, but there will be additional sessions as and when the demand increases.

As mentioned earlier in the report under the heading "Problem Families" a special clinic was established in October, 1967 where women with social problems can be fitted with an intra-uterine contraceptive device, no charge being made. During 1969, 63 women were fitted with this contraceptive device. It is hoped that these clinic facilities will be extended in the near future.

DENTAL SERVICE

Chief Dental Officer: G. A. VEGA, B.D.S.

Shortage of staff and illness has caused a marked drop in the services provided for the maternity section. Total visits were reduced by 34% as compared with the previous year and coincided with a decline in the actual demand rate.

Fortunately little reduction has taken place in the child service and we had only 6% less visits than in the previous year. The ratio of teeth filled to teeth extracted remains favourable and is 5.14:1. As far as prevention is concerned, we are employing topical fluorides whenever a child is found to be at risk. The method is very efficient in reducing the caries incidence; it is, however, uneconomical of man-power and compares poorly with the fluoridation of drinking water as a means of caries control. It is to be hoped that the decision to fluoridate the water supply will be implemented as soon as possible.

MATERNITY AND CHILD WELFARE

							<i>Children 0-4 inclusive</i>	<i>Expectant and Nursing Mothers</i>
First visit	...	...	...	...	...	...	344	46
Subsequent visits	...	...	...	...	...	...	202	94
Total visits	...	...	...	...	...	...	546	140
No. of additional courses commenced	...	...	...	...	...	...	20	4
Treatment provided								
No. of fillings	...	...	...	...	...	...	579	122
Teeth filled	...	...	...	...	...	...	519	110
Teeth extracted	...	...	...	...	...	...	101	45
General anaesthetics given	...	...	...	...	...	...	37	3
Emergencies	...	...	...	...	...	...	73	21
Patients X-rayed	...	...	...	...	...	...	7	13

Scaling and/or removal of stains	60	18
Teeth otherwise conserved	30	—
Teeth root filled	—	—
Inlays	—	—
Crowns	—	2
No. of courses of treatment completed during the year	290	32

Prosthetics

Patients supplied with F.U. or F.L.	—	—
Patients supplied with other dentures	—	5
No. of dentures supplied	—	6

Inspections

No. of patients given first inspection during year	269	34
No. of patients requiring treatment	169	34
No. of patients offered treatment	166	34
No. of sessions devoted to M.C.W. patients ...		115

MIDWIFERY

Non-Medical Supervisor of Midwives: MISS E. DITCHBURN

Staff

The Local Health Authority is the Local Supervising Authority for the purposes of the Midwives Act, 1951. The Medical Officer of Health is the Medical Supervisor of Midwives, approved by the Central Midwives Board, and Miss E. Ditchburn is approved as Non-Medical Supervisor of Midwives.

Changes in the staff of the domiciliary midwifery service during the year were as follows:

Miss J. Seager terminated her employment with this Authority on 31st August, 1969, prior to taking up an appointment in Beverley.

Miss P. C. Mitchell commenced her Health Visitor Training Course on 22nd September, 1969.

Miss J. Walker transferred to the Hospital Service (Lincoln Maternity Wing) terminating her employment with this Authority on the 31st December, 1969.

At the end of the year five District Midwives were employed.

Refresher Courses and In-Service Training

No midwives were due to attend the statutory G.1 Refresher Courses this year. All Midwives attended a Study Day held at the Recreation Hall, Lincoln County Hospital.

A series of In-Service lectures was attended by the midwives during the year, including a Report on the after effects of Peri-natal damage (from the Newcastle meeting on this subject). A visit was also paid to the new Mother and Baby Unit at St. John's Hospital.

Training of Pupil Midwives

The training of Pupil-Midwives continued during 1969 in conjunction with the Lincoln Midwifery Training School at the new Lincoln Maternity Wing of the County Hospital which commenced to function on the 1st of February, 1969.

All the Local Authority Midwives now employed are Approved Midwife Teachers.

13 Pupil Midwives started their District Training during the year; 9 completed their training and 6 Pupil Midwives obtained their Certificates

and entrance to the Roll of Certified Midwives. The remaining Pupil-Midwives did not take their examination until after the end of the year.

Tutorial classes are held each week by the Non-Medical Supervisor of Midwives, usually of two hours duration. The reduction in the number of domiciliary deliveries has made more time available for inclusion of a wider aspect of community care in the programme of lectures and visits that is arranged for the Pupil-Midwives. Whilst some Public Health Lectures were given by the Medical Officer of Health and the Deputy Medical Officer of Health, others were given by the various heads of the Departments concerned. Visits were also arranged to see, with other branches of the Health Team, the scope of work that is covered by the Health and associated Departments.

The Pupil-Midwives are expected to attend the Stork Club for their area of the City, weekly, as their duties allow. In addition to taking part in the preparation of the mothers for their impending confinement, they are expected to give some of the talks and demonstrations, the subjects chosen being well within their scope of knowledge at this stage of their training.

During the last year, it has been possible to include visits with the Health Visitors concerned with the testing of children who, because of their inclusion on the 'At Risk' register, may have visual or auditory defects. All of the Pupil-midwives found this very enlightening.

Transport

At the end of the year, all midwives were car drivers; this made the transport of Midwives and their equipment easier, especially with the enlarged areas that each midwife had to cover.

Notification of Intention to practise

Forty-eight midwives notified their intention to practise during 1969 (54 in 1968).

There were no Midwives practising in a private capacity during 1969. Of the other midwives, 6 practised in the domiciliary field and 42 practised in the hospital field.

Distribution of Confinements

The total number of Lincoln Births (live and still) occurring during 1969 was 1,221 compared with 1,251 in 1968.

	<i>Live Births</i>			<i>Still Births</i>		
	<i>Dom:</i>	<i>Inst:</i>	<i>Total</i>	<i>Dom:</i>	<i>Inst:</i>	<i>Total</i>
Lincoln Cases:	230	891	1121	5	12	17
Inward Transfers:	-	83	83	-	-	-
	230	974	1204	5	12	17

The number of births (live and still) allocated to Lincoln by the Registrar-General (including inward and outward transfers) was 1,223 compared with 1,263 in 1968, and 1,302 in 1967.

There was again a decrease in the number of cases attended by the District Midwives as shown in the following table:

Cases attended by District Midwives

1965	..	..	..	518
1966	..	..	..	468
1967	..	..	..	415
1968	..	..	..	329
1969	..	..	..	235

The midwives paid 6,691 visits in 1969 compared with 8,666 visits in 1968. Of the 6,691 visits paid in 1969, 223 were ante-natal visits to women who were booked to have their confinements in hospital, and 818 to women who were discharged from hospital earlier than the 10th day post-partum.

The actual number of women discharged early from hospital was 204.

The reduction in the domiciliary confinements was as expected, this being the trend over the country as a whole. The availability of Family Planning Clinics, especially the Clinics where the intra-uterine contraceptive device can be fitted, has had an effect on the pregnancies of the grand-multiparae. Several of these women are now looking healthier than they have for years; they are now able to take part-time work, help with the family income, and have a little money to spend on themselves, instead of living under the constant threat of further pregnancy.

There were 17 Stillbirths in the City of Lincoln during 1969; the maternal and foetal conditions associated therewith were as follows:

Maternal Causes

Placental insufficiency	..	..	..	4
Abruptio placenta	..	..	..	1
Pre-Eclamptic State	..	..	..	3
Rh incompatibility	..	..	..	1
Steroid therapy	..	..	..	1

Accidents of delivery

Cord compression	..	..	..	2
Prolonged 2nd Stage of labour	..	..	1 (1 $\frac{3}{4}$ hr.)	
Precipitate labour	..	..	..	1

Foetal causes

Prematurity	..	..	..	2
Anencephalic foetus	..	..	..	3
Hydrops foetalis	..	..	..	1
Meningocele	..	..	..	1
Asphyxia	..	..	..	5

Home Help Service for cases of Toxaemia of Pregnancy

In May, 1966, the Health Committee agreed to supply Home Help Services free of charge for cases who developed signs of pre-eclamptic state, who were primigravidae having treatment in their own homes, and multiparae having treatment at home or in hospital. Although the General Practitioners are advised of the availability of this service, from time to time, there has been little demand for it. There were five cases requesting this help in 1969, one being long-term, the gestation period being just over the third month of pregnancy when she showed signs of this disease developing. This Service has been much appreciated by the mothers who had other small children, for in supplying this help together with the daily supervision of such cases by the District Midwife, it was possible to shorten the length of time the mother was separated from her family.

Radio Control

In December, 1966 each domiciliary midwife was issued with portable radio-controlled equipment and this was in use throughout 1969. All the theoretical advantages of this equipment have been proved in practice and in differing instances the equipment is of benefit to the patient, midwife and family doctor.

The Pupil-Midwives have also been issued with radio-controlled equipment this year. The only slight difficulty that has been experienced is that the life of the batteries does not seem to be as long as anticipated, nor does the charge that the batteries hold seem long enough. Frequent visits to the Ambulance Station to replace batteries can be both time consuming and costly in terms of car mileage repayments.

Analgesia

Trilene analgesia was administered by means of a Cyprane Inhaler in 135 cases; 4 cases where the doctor was present and 131 where the doctor was not present. Pethedine or Pethilorfan was given in 125 cases; 5 where the doctor was present, 120 where he was not present.

Chest X-ray of Expectant Mothers

The number of expectant mothers who attended for Chest X-ray during the year was as follows:

Referred by General Practitioners	..	..	..	—
Referred by Local Authority Clinics	..	..	..	11
Referred by Maternity Hospital Ante-Natal Clinic	..	..	..	187

Of the 198 expectant mothers X-rayed, 92 lived outside the City.

The following table shows the number of abnormalities discovered during the year as a result of the investigations:

Calcification, healed lesions, etc.	..	..	..	9
Inflammatory condition of lung	..	..	..	1
Cardiac enlargement	..	..	..	1

Post-Natal X-rays

In addition to the above mentioned, 3 women attended for chest X-ray post-natally; of these 2 resided outside the City.

Environmental Reports

With the opening of the Lincoln Maternity Wing at the County Hospital, all women requesting Hospital delivery were able to be accommodated. However, there were 2 requests for environmental reports in cases where the mother had requested, with her General Practitioner's consent, 48 hour-stay only after delivery in Hospital. Both were found to have adequate home environment.

Early Hospital Discharge

Special arrangements were made following the early discharge of mothers and babies from the Lincoln Maternity Home and R.A.F. Hospital Nocton Hall. Mothers returning home prior to the tenth day after the birth of their babies must be in the care of a midwife and they are therefore transferred to the care of the Local Authority Midwife in whose area they reside. The number of early discharges from Maternity Departments to the City area during the past five years was as follows:

1969	1968	1967	1966	1965
202	265	162	191	134

The number of nursing visits paid to these mothers and babies by the Local Authority Midwives was as follows:

1969	1968	1967
818	961	554

Hospital Booked Cases — Ante-Natal Visits

It has become part of the domiciliary midwife's duty to visit ante-natally in their own homes, mothers who are to have their babies in the Lincoln Maternity Home or R.A.F. Hospital Nocton Hall. The reason for these visits is usually that the mother shows signs of anaemia, and requires a series of injections to correct this fault. Occasionally, the Area Midwife is asked to check on the condition of an expectant mother who has failed to keep her appointment at the Hospital ante-natal clinic. Daily visits are paid by the Local Authority Midwives to cases of pre-eclamptic toxæmia of pregnancy being assisted at home by the Home Help Service.

The number of visits paid by the Local Authority midwives in 1969 was 223 (1968 — 144).

Home Nursing Service for Premature Babies

One of the District Midwives holding the certificate for premature baby care, who was primarily responsible for the home nursing service for premature babies, resigned in August, 1969. Two other midwives on the staff have had special training in this work. These midwives are also employed to escort premature babies needing admission to hospital, during which journey the portable incubator is used. The radio-control equipment enables a premature baby trained midwife to be contacted easily when required at short notice.

The work of looking after these small babies involves teaching the parents how to care for them during the time the midwife is not there and special attention is given to the provision of adequate heating throughout the 24 hours of the day.

During 1969, 48 premature babies were attended and the visits paid by the midwives were 241. The highest number of visits was paid during the month of December when 77 visits were made.

Notification of Congenital Malformations

During 1969, 21 babies were notified as having congenital malformations observed at birth. Details of these malformations are as follows:

Hydrocephalic	..	..	..	..	..	3
Anencephalic	..	..	..	..	..	3
Deformity of hand (left)		..	..	..	..	1
Down's Syndrome		..	..	..	..	2
Harelip	..	..	..	..	..	1
Cleft palate	..	..	..	..	..	4
Meningomyelocele		..	..	..	..	4
Spina bifida	..	..	..	..	..	1
Talipes	..	..	..	..	..	4
Bi-lateral sub-luxation of knee	..	..	..	..	..	1
Deformity of foot		..	..	..	..	1
Epispadias	..	..	..	..	..	1
Hypospadias	..	..	..	..	..	3
Poly-cystic kidneys		..	..	..	..	1
Congenital heart	..	..	..	..	..	2

In some babies, multiple deformities were notified, hence the discrepancy in the number of babies notified as having congenital malformations and the various malformations listed above.

HEALTH VISITING

Superintendent Nursing Officer: MISS E. M. DAY

Staff

At the end of the year, the staff consisted of:

- Superintendent Nursing Officer.
- 8 Health Visitors (full-time).
- 2 Health Visitors (part-time).
- 4 School Nurses.
- 1 Clinic Nurse.

Mrs. S. B. Osborne was appointed as a Health Visitor on 1st May and resigned on 31st December. Mrs. J. M. Dunham and Mrs. D. M. Robinson also resigned during the year.

Mrs. P. S. Trout completed her Health Visitor training and commenced duties on 22nd September.

Mrs. L. A. Lee and Miss P. E. Mitchell commenced their training for the Health Visitor's Certificate at Nottingham and Sheffield Universities.

Post Graduate Course

Mrs. D. M. Robinson attended a Course in Liverpool from 2nd to 18th September.

Training of Hospital Student Nurses in the Social Aspects of Disease

Three times a year, Student Nurses spend a day with the Health Visitors, Public Health Inspectors and the Home Help Organiser, when they are shown, as far as possible, all aspects of Public Health work. Usually, the students are very appreciative and generally surprised at the amount of work which goes on in the community. In many cases their horizons do not extend beyond the hospital walls and it is quite salutary for them to realise that 90% of the population are cared for in their own homes.

Home Visiting

This aspect of the Health Visitors' work has continued on the same lines and it cannot be stressed too often that the Health Visitor is the Family Visitor; she is as concerned with the teenager as with the school children, with the grandmother as with the infant. The National Health Service is a comprehensive health service and must provide not only for the diagnosis and treatment of illness, but also for information on maintaining good health and avoiding preventable breakdown. The Health Visitor's dual qualification equips her to provide help when it is needed and to stimulate a demand by those in need of help with difficulties either physical, domestic or social. She is the only worker in the field visiting groups who may be "at risk" but whose problems are not immediately identifiable; thus the importance of the promotion of health and the prevention of disease cannot be emphasised too strongly and the need for health teaching is likely to expand.

Details of the visits paid by the Health Visitors during 1969 are given in the following table:

Home Visiting — Health Visitors

<i>Cases Visited by Health Visitors</i>	<i>Number of Cases</i>	<i>Number of Visits</i>
Children born in 1969	1,134	3,246
Children born in 1968	619	2,156
Children born in 1964-67	1,952	4,686
Total	<u>3,705</u>	<u>10,088</u>
Persons aged 65 years or over	58	107
Mentally disordered persons	7	23
Persons, excluding Maternity cases, discharged from hospital	3	12
Expectant Mothers	84	130
Visits to other cases	—	1059
Total visits		<u>11,419</u>

Routine screening tests are carried out by the Health Visitors for the detection of Phenylketonuria and hearing tests for children considered to be 'at risk'. No positive result has so far been discovered for the former and out of 472 hearing tests performed on children under 5 years, 4 children were referred to the E.N.T. Consultant.

During 1969, 10 British Standard Fireguards were fitted into Corporation houses under the special arrangements whereby tenants agreeing to weekly payments can have them fixed free of charge.

Health Education

The Health Education Service has been further improved and extended during 1969, particularly teaching in schools. A report on this is given in the section on the School Health Service.

Health Education is now an established part of the Local Authority Health Service.

The Mothercraft Course for Adoptive Parents has continued twice yearly. As in the previous year, fourteen couples were invited to attend (recommended by the Lincoln Diocesan Board for Social Work), talks and demonstrations were given for six consecutive Monday evenings, each session lasting one and a half hours. Films, slides and equipment were used as visual aids. The subject matter of the talks was normal development of the child up to the age of five years, infant feeding and weaning, bathing and clothing the baby, minor ailments, immunisation and vaccination and home safety. This course will be continued as long as there is a need.

The following Organisations requested and received talks on topics ranging from health education, mothercraft, the venereal diseases, sex education for children and Local Authority Services:

Women's Organisations.
Parent/Teacher Groups.

A series of ten minute talks in Infant Welfare Clinics has been commenced but is not yet established as a regular feature. This difficulty is caused by a shortage of time after extending other aspects of the Health education service. Subjects for the ten minute talks include — sterilization of bottles and teats, toilet training, types of nappies, sore buttocks, teething, safety for baby, preventing accidents in the home, your child's first toys, food and a balanced diet.

Sex education for parents and children was given some thought and it was decided to give a series of four talks for parents and children in the age group 10 — 12 years. The talks were given at Ravendale Infant Welfare Clinic on four consecutive Tuesday evenings, for one hour and a notice to that effect was inserted in the *Lincolnshire Echo*. A film, slides and flannelgraph were used as visual aids, also a book display of suitable literature both for parents and children on sex education and information where the literature could be obtained was given. The Booklet: "What Shall I Tell My Child" was distributed to parents, and children were given the booklet: "How I Grow Up" and the booklet: "Personally Yours" dealing with menstruation given to girls only.

Fourteen parents attended this series and nineteen children.

The talks dealt with introduction to the subject, general instruction about the body and the different systems of the body, the male reproductive system, the female reproductive system and growing up, menstruation and the hygiene of menstruation (this given to mothers and girls only), how life begins and develops and birth.

The Health Education Service will continue to be expanded wherever possible.

Mothercraft Classes — The Stork Clubs

There are now four Stork Club sessions held each week and attendances during 1969 were as follows:

	<i>No. on Register on 31st December</i>	<i>Average Attendance</i>	<i>Total Attendances</i>
Newland (Monday)	} 70	17	1354
Newland (Thursday)			
Ravendale (Wednesday)	10	9	484
Birchwood (Monday)	25	9	328

These classes continue to be very popular.

Mothers' Clubs

The Mothers' Clubs held at Ravendale Clinic, "Beaumont House" Beaumont Fee and Hartsholme Church Hall, continue to be well supported and the members are grateful to the Health Committee for their help regarding premises and to the Health Visitors who give their time and advice.

During 1969, attendances at the Clubs were as follows:

	<i>No. on Register on 31st December</i>	<i>Average Attendance</i>	<i>Total Attendances</i>
Ravendale	55	23	461
Beaumont House	45	33	566
Hartsholme Church Hall	103	36	739

Problem Families

Work amongst families with difficulties and with seemingly intractable problems often creates a feeling of trying to cope with an impossible situation incapable of solution. However, this attitude of mind must be overcome and there are, from time to time, faint gleams of light which lead one to hope that perhaps after all the downward trend is reversible. Certainly the support given to these families through the years does prevent a deterioration of a parlous state of affairs and one can only hope that perhaps the next generation will respond to the help which is given by all sections of the Social Services. If new families can be encouraged to limit the number of their children, there is a hope that their rehabilitation may be completed. During the year, 63 women were fitted with an intra uterine device at the Clinic held at Newland.

The Social Workers Co-ordinating Committee meets every two/three months under the Chairmanship of the Medical Officer of Health. Officers of the following Corporation Departments attend — Children, Education, Health, Housing and Welfare — together with representatives of the Ministry of Social Security, Department of Employment and Productivity, Probation Service, National Society for the Prevention of Cruelty to Children, Lincoln Diocesan Board for Social Work, and the Women's Royal Voluntary Services. Four meetings were held during the year and the problems associated with twenty-two families were discussed at these meetings.

Seven families were supplied with a Home Help free of charge for varying periods during the year. Many more families would no doubt benefit from such assistance, but it is not possible to extend this free service due partly to lack of funds and also due to the difficulty in recruiting suitable persons willing and able to undertake these duties for any length of time.

At the end of the year, there were considered to be approximately 82 families in the City who could be classified as having special problems and requiring constant supervision by, and assistance from, Social Workers.

HOME NURSING

Superintendent Nursing Officer: MISS E. M. DAY

Staff

The establishment of the Home Nursing Service remained the same as in the previous year, *viz.*: 14 full-time nurses (four of whom are men) and one part-time nurse.

Miss P. Pybone, part-time nurse, resigned on 21st February and Mrs. V. E. Ward was appointed her successor, commencing duties on 14th April.

Post-Graduate Course

Mrs. M. Cole and Mr. F. O. Bell attended a Course in Cardiff, organised by the Queen's Institute of District Nursing, from 13th to 19th April.

General Remarks

The pattern of District Nursing remains the same. A high proportion of cases cared for are elderly and in 1969, of the 1,297 cases attended, 905 were aged 65 years and over at the time of the first visit by the nurse. The anticipated early discharge of patients from hospital and the 5-day hospital ward have not materialised — it is felt that this should be the future trend, thus relieving hospital beds for more urgent cases and also using the skills of the District Nurse to the full.

The following table shows that there was a very slight decrease in the number of cases attended (1,297 compared with 1,306 in the previous year) and a slight increase in the number of visits paid (35,174 compared with 35,139 in 1968):

	1969	1968	1967
No. of cases attended by the Home Nurses ...	1,297	1,306	1,281
No. of visits paid by the Home Nurses ...	35,174	35,139	35,484
No. of patients aged under 5 at time of the first visit ...	18	19	13
No. of patients aged 65 years and over at time of first visit ...	905	900	892

The issue of pads for incontinent patients being nursed at home is now a daily occurrence. Pads are usually collected from the Health Department by relatives or friends of the patient, but in some cases, the pads are delivered by the District Nurses. During 1969, over 107 persons were issued with these pads and 33 adults and children were issued with protective clothing.

Domiciliary Cervical Cytology Service

Two District Nurses have been trained for this Service but only 6 smears were taken during the year, involving 8 visits. Women attending the Clinic for insertion of an intra-uterine device had a smear taken at the same time; had this not been the case, the District Nurses would have visited these women at home.

Marie Curie Memorial Foundation Night Nursing Service

This Service continues to operate smoothly and at the end of the year five State Registered Nurses and one Nursing Auxiliary were employed in this work.

34 patients were nursed and cared for at night for varying periods of time, thus giving much needed relief to relatives. Of these 34 patients, only 3 were transferred to hospital; the remainder were enabled to stay in their own home until their death. The District Nurses continued to nurse these patients during the day-time.

The City Council made a grant of £250 to the Memorial Foundation during 1969/70.

VACCINATION AND IMMUNISATION

Vaccination against Smallpox

Vaccination against smallpox in the second year of life has now been the policy of the Ministry of Health for the past five years — previously infants were vaccinated at three months of age. The scheme has been in operation for a sufficient length of time to assess the results of the change. Approximately 400 children have been vaccinated each year since the change in policy compared with over 700 prior to the change.

A summary of the vaccinations carried out during 1969 is as follows:

Vaccinations	<i>Under 1 year</i>	<i>1-4 years</i>	<i>5-15 years</i>	<i>1969 Total</i>	<i>1968 Total</i>
By Local Health Authority's Staff	13	218	6	237	337
By General Practitioners ...	3	102	34	139	139
TOTALS	16	320	40	376	476

Re-vaccinations

By Local Health Authority's Staff	—	2	—	2	7
By General Practitioners ...	—	11	38	49	37
TOTALS	—	13	38	51	44

Combined Immunisation against Diphtheria, Whooping Cough and Tetanus

Ministry of Health Circular 29/68, dated 28th August, 1968, suggested a modification in the programme of immunisations based on the recommendations of the Joint Committee on Vaccination and Immunisation. However, although these suggestions were made in an attempt to simplify the programme, it was felt that there were advantages in retaining the existing schedule and no change has therefore been made in the programme of immunisation for children attending the Infant Welfare Clinics.

The primary course for immunisation against Diphtheria, Whooping Cough and Tetanus consists of a total of four injections given at the 4th, 5th, 6th and 16th month of life. A “booster” injection, without the Whooping Cough antigen is given when the child enters School, and the ready co-operation of head teachers and staff in the arrangements for carrying out the immunisation programme at schools is much appreciated.

The number of children immunised in 1969 shows no significant change from the number in 1968, as will be seen from the following table:—

Primary Courses Completed	<i>Under 1 year</i>	<i>1-4 years</i>	<i>5-15 years</i>	<i>1969 Total</i>	<i>1968 Total</i>
By Local Health Authority's Staff:					
Diphtheria-Tetanus	8	7	27	42	53
Diphtheria-Tetanus-Pertussis ...	691	132	2	825	797
By General Practitioners:					
Diphtheria-Tetanus	—	4	8	12	4
Diphtheria-Tetanus-Pertussis ...	162	56	5	223	261
Totals	861	199	42	1102	1115

Re-inforcing Injections				<i>Under 1 year</i>	<i>1-4 years</i>	<i>5-15 years</i>	<i>1969 Total</i>	<i>1968 Total</i>
<i>By Local Health Authority's Staff:</i>								
Diphtheria Immunisation only	...			—	—	24	24	14
Diphtheria-Tetanus	...			—	17	763	780	846
Diphtheria-Tetanus-Pertussis	...			—	740	2	742	746
<i>By General Practitioners:</i>								
Diphtheria-Tetanus		—	40	56	96	81
Diphtheria-Tetanus-Pertussis	...			—	173	38	211	265
Totals				—	970	883	1853	1952

In an effort to immunise a high proportion of the community, the scheme of home immunisations was continued. Where families are unable to attend an infant welfare clinic or their own general practitioner, a medical officer and health visitor visit the home. This service is greatly appreciated by hard-pressed mothers and is a means of reaching those families who have been most resistant in the past to immunisation propaganda.

Immunisation against Tetanus only

Tetanus immunisation was again offered to primary school children who had not been immunised in infancy, but this number remains small since triple antigen (i.e. antigen containing tetanus toxoid) is almost exclusively used in the immunisation of infants.

Good co-operation exists between the Casualty Department of the County Hospital and the Health Department. It is a simple matter for the state of immunisation of a casualty to be given from the Health Department records to the Casualty Officer. He then decides whether the casualty's immunity is satisfactory and in this way, the use of anti-tetanus serum is kept to a minimum. The Casualty Department informs the Health Department of any tetanus immunisations carried out in the hospital, so that any future immunisation procedure may be modified if necessary.

The following table shows the number of children immunised against Tetanus and receiving booster injections during 1969:—

				<i>Under 1 year</i>	<i>1-4 years</i>	<i>5-15 years</i>	<i>1969 Total</i>	<i>1968 Total</i>
<i>Primary Courses Completed:</i>								
By Local Health Authority's Staff				—	—	4	4	8
By General Practitioners ...				—	—	1	1	1
Totals				—	—	5	5	9
<i>Re-inforcing Injections:</i>								
By Local Health Authority's Staff...				—	—	7	7	5
By General Practitioners ...				—	1	72	73	40
				—	1	79	80	45

Vaccination of infants against Tetanus started in 1956 and from this time, school children were also offered protection. It may be assumed, therefore, that the majority of children aged 17 years have now been vaccinated against Tetanus and as they are approaching the age when accidents are more prevalent, it is gratifying to know that should they be involved in an accident, it will not be necessary for them to have anti-tetanus serum with its attendant hazards.

Poliomyelitis Vaccination

Vaccination against Poliomyelitis with oral vaccine is now so well established and generally accepted as to call for little comment and most children have had a primary course of vaccination before they are two years old.

Children in their first year at school were, as usual, offered a reinforcing dose of vaccine and 891 children were given reinforcing doses by the Local Authority Staff, a further 110 children were given reinforcing doses of vaccine by General Practitioners.

In past years, especially since the advent of oral vaccine, open vaccination sessions have been arranged by the Health Department which could be attended by anyone, irrespective of age, but these open sessions were discontinued owing to lack of support and for the past three years there has been no demand for Poliomyelitis vaccination from adults. It is somewhat ironic that reports in the Press of a number of cases of suspected cases of Poliomyelitis in Spain led to a considerable number of requests for vaccination from people intending to visit Spain on holiday. All requests were complied with and 120 persons were given either reinforcing doses or, if time permitted, complete primary courses of Poliomyelitis vaccination. General Practitioners also received an abnormal number of requests for Poliomyelitis vaccination at this time. Information subsequently was received from the Chief Medical Officer, Department of Health and Social Security that the cases referred to in the Press were not in fact Poliomyelitis.

The table given below shows the number of persons who were given: I. a complete Primary course, and II. a reinforcing dose of Poliomyelitis vaccine during 1969.

POLIOMYELITIS VACCINATION YEAR ENDED 31st DECEMBER, 1969
Table I — Primary Courses Completed

	<i>Year of Birth</i>					<i>Others under Age 16</i>	<i>Total</i>
	1969	1968	1967	1966	1962-65		
By Local Authority's Staff ...	128	656	85	26	57	—	952
By General Practitioners	31	132	17	8	9	1	198
Totals	159	788	102	34	66	1	1150

Table II — Reinforcing Doses

By Local Authority's Staff ...	—	—	2	5	847	44	898
By General Practitioners ...	1	38	43	4	91	19	196
Totals	1	38	45	9	938	63	1094

Measles Vaccination

Vaccination against Measles became generally available in May, 1968 and, in accordance with Ministry policy, priority was given to children aged 4, 5 and 6 years who had not had the disease. By the end of that year it was

believed that most susceptible children in the priority age group had been vaccinated and it was decided to concentrate in future on children in the 1 to 3 years old group. In 1969, therefore, Measles vaccination was offered routinely to children in their second year of life, after completion of the basic course of immunisation against Diphtheria, Whooping Cough, Tetanus and Poliomyelitis.

Measles is an extremely infectious disease and it will be possible to eradicate it only if over 80% of the susceptible child population is immunised.

In March, the Chief Medical Officer of the Department of Health and Social Security advised Local Health Authorities that the vaccine of one of the two manufacturers then being used was to be withdrawn owing to the fact that three cases of encephalitis had been notified following vaccination. This caused a setback to the vaccination programme as there was a shortage of vaccine, and some members of the public were reluctant to bring their children for vaccination following the publicity occasioned by this letter. It should be remembered that encephalitis is the most serious complication of measles and it is regrettable that this small number of cases resulted in this setback. In an epidemic year over 200 cases of encephalitis occur in England and Wales, and a high proportion of the cases affected have permanent brain damage. The vaccine now available, which is free from side effects, is effective and is thought to give a lasting immunity, and it is hoped, therefore, that we shall be able to achieve an 80% vaccination of children in the second year of life.

The following table shows the number of children vaccinated against Measles in 1969:

				<i>Year of Birth</i>					<i>Others under age 16</i>	<i>Total</i>
				1969	1968	1967	1966	1962-65		
By Local Authority	...	...	...	5	132	209	140	101	2	589
By General Practitioners	...	...	...	2	18	31	28	23	3	105
Total				7	150	240	168	124	5	694

The following statistics have been issued by the Chief Statistician of the Department of Health and Social Security indicating at 31st December, 1969 the percentages of children born in 1967 and 1968 vaccinated against whooping cough, diphtheria and poliomyelitis and the percentage of children under 2 years vaccinated against smallpox:

Local Health Authority	Percentages of Children Vaccinated by 31.12.69						Smallpox (Children under 2)
	Children born in 1967			Children born in 1968			
	Whooping Cough	Diphtheria	Poliomyelitis	Whooping Cough	Diphtheria	Poliomyelitis	
Lincoln C.B.	83	85	82	78	79	75	18
England and Wales	81	83	80	66	67	65	31

AMBULANCE SERVICE

Ambulance Officer: V. R. NORTH, F.I.A.O.

During 1969, the Ambulance Service carried a total of 48,317 patients, an increase of 4,714 or 10.8% compared with 1968; in addition 640 non-patient carrying journeys were undertaken. Mileage involved in this work totalled 173,930, an increase of 18,856 miles or 12.2% compared with the previous year.

The increase of work during the year was extremely disappointing, particularly as it followed a year when for the first time a reduction in demand had offered some hope that stability had been achieved.

Since April, 1963, with the exception of special requests from other authorities, the City Service has been responsible for the transport of patients when the need arose within the service area of this Authority only. In spite of all efforts to restrain demand however, the increase in the number of patients carried in the six year period to December, 1969 was 13,444 or 39%; mileage during the same period increased by 36,482 or 27%.

As statistics indicate, the continual increase in the number of ambulance users does not arise so much from the general class of patient as from the transport of out-patients who require conveyance two or three times each week over varying periods of time. It seems a reasonable assumption therefore that responsibility for the rising demand devolves equally between the growth in centralization of specialist units at distant hospitals and the increasing importance attached to out-patient treatment.

The persistently developing work of the service has been met to a large extent by increasing staff and by attempting continually to improve methods of operation, though in this direction there is a limit beyond which it is impossible to progress. That these attempts are to a considerable extent invalidated is realised when consideration is given to the fact that the service has rarely had a stabilised period in which to catch up with demands made upon it, nor is the service always consulted at a point in time early enough to arrange staff provision to meet projected new developments. The result is that the service is always working in arrears of demand; vehicles become overcrowded and occasionally run late; the travelling time for some patients is extended, and out-patient waitingtime for return home can be prolonged.

The spiralling demands, when related to staff and vehicle availability, gives rise to some uneasiness regarding the standard of service provided and highlights the need for checking every single new application for transport, particularly with regard to new out-patients.

The following tables give some indication of the type of case dealt with during the year and enable comparisons to be made:

Annual Comparative Table

<i>Cases</i>	1969	1968	1967	1966
Ambulance	18,944	17,119	20,588	16,740
Sitting	29,373	26,484	26,475	23,315
	<hr/>	<hr/>	<hr/>	<hr/>
TOTAL	48,317	43,603	47,063	40,055
	<hr/>	<hr/>	<hr/>	<hr/>

Miles

Ambulance	75,463	68,436	75,815	69,449
Sitting	98,467	86,638	86,484	83,303
TOTAL	173,930	155,074	162,299	152,752
<i>Miles per patient</i>	3.6	3.5	3.4	3.8

Out of Town Journeys						
Miles	1969			1968		
	50/100	100/200	200/300	50/100	100/200	200/300
Journeys	235	154	10	267	109	10
	TOTAL 399			TOTAL 386		

The following table shows the total number of cases conveyed monthly, analysed into five main categories:

Month	Emergency	Maternity	General	Out-Patients	Section 28	Total
January	117	67	427	3150	340	4101
February	113	58	359	2708	368	3606
March	113	59	419	3192	434	4217
April	129	52	417	2915	263	3776
May	162	49	411	3243	310	4175
June	135	54	439	3153	399	4180
July	149	49	436	3350	327	4311
August	127	47	435	2710	153	3472
September	145	43	435	2918	295	3836
October	114	41	465	3466	346	4432
November	130	37	426	3241	395	4229
December	114	44	444	3094	286	3982
TOTALS	1548	600	5113	37140	3916	48317

The percentage for each section of total cases is: %

(a) Emergency	..	..	..	3.204
(b) Maternity	..	..	..	1.242
(c) General	..	..	..	10.582
(d) Out-Patient	..	..	..	76.867
(e) Section 28	..	..	..	8.105
				100.000

PATIENTS CARRIED (Other authorities in brackets)

<i>Categories</i>	1969		1968	
	<i>Number</i>	<i>Miles</i>	<i>Number</i>	<i>Miles</i>
Street Accidents	441 (43)		423 (54)	
Home Accidents	315 (6)		326 (6)	
Other Accidents	396 (5)		304 (12)	
Street Illness	125 (4)		116 (3)	
Home Illness	2108 (56)		2015 (50)	
Other Illness	210 (3)		161 (1)	
Mental Illness	134 (2)		93 (2)	
Out-Patients	37138 (2)		32451 (6)	
Maternity Cases	566 (34)		556 (38)	
Infectious Cases	86		61 (1)	
Hospital Discharges	989		893 (3)	
Hospital Transfers	1729 (9)		1344 (6)	
Training Centres	2469		2883	
Chiropody Clinic	1447		1795	
Totals	48153 (164)	173930	43421(182)	155074
	48317		43603	
NON-PATIENT CARRYING JOURNEYS: (Mileage included in above totals)				
Flying Squad	5		1	
Midwives	85		99	
Abortive	312		272	
Service	238		206	
	640		580	

The following table giving comparable figures for 1964 and 1969 taken during the past five years:

	1964	1969	<i>Increase</i>	%
Patients	34,873	48,317	13,444	38.6
Average per year of total increase ...	—	—	—	6.5
Miles	137,488	173,930	36,482	26.4
Average per year of total increase ...	—	—	—	4.3
Miles per patient	4	3.6	—	—
Persons carried per 1,000 of population	453	636	183	40.4

Staff

Two significant changes affecting operational staff took place during 1969; from the 30th June a new wages agreement (vide. Circular No. N.M. 192A) came into operation and female drivers were introduced into the service.

The new wage structure, in which wages are related to the standard of training and to the range of duties and experience required, also grades operational staff into three categories: (1) Ambulance Driver/Attendant, (2) Trainee Ambulanceman and (3) Sitting Case Driver/Attendant.

Shift duty staff should be regulated by the number required in providing round-the-clock ambulance cover and during the daily peak periods their numbers augmented by regular day workers. Unfortunately, however, the enhanced rates of pay applicable to shift workers have created problems in retaining the right type of male driver for day work only and in order to

retain their services it has been necessary to extend the shift rota, a method both uneconomical and bad for morale.

Since approximately 60% of the daily work involves the transport of walking out-patients who require a minimum of physical assistance, the use of female drivers, already employed by many other authorities, was considered as the solution to the problem of recruiting day staff.

During 1969, four resignations and an increase in establishment of two drivers created an opportunity to reduce the shift rota and to re-organise operational staff into the categories outlined in the new wages agreement.

Three female drivers were engaged as sitting case driver/attendants on permanent day work and they are proving capable and efficient members of the service. The three remaining vacancies were filled by male drivers engaged as trainee ambulancemen on day duties, but available as required for relief shift work.

At the end of the year total establishment was as follows:

	1969	1968	1967	1966	1965
Ambulance Officer	1	1	1	1	1
Deputy Ambulance Officer	1	1	1	1	1
Female Clerk	1	1	1	1	1
Female Clerk Telephonist	1	1	1	1	1
Shift Leaders	5	5	5	5	5
Ambulance Driver/Attendants	20	24	24	24	22
Female Sitting Case Drivers	3	—	—	—	—
Trainee Ambulancemen	3	—	—	—	—
	—	—	—	—	—
TOTAL STAFF	35	33	33	33	31
	—	—	—	—	—

Illness

During the year 157 days were lost due to certificated sickness involving 7 men; 7 men were absent for periods between 1 and 3 days on uncertificated sickness; 3 men were absent without reason on 8 occasions, and 1 man was granted 3 days compassionate leave; a total of 182 days.

Training

The 'Millar' Working Party Report (part 1) published in 1966, gave recognition to the need for an improvement in the standard of training of ambulance staff.

At the beginning of 1969, following the reduction of work during the previous year, it was hoped that a start could be made in sending staff to an approved training centre in accordance with the 'Millar' recommendations. Unfortunately, due to the heavy increase in demand which persisted throughout the year, the release of staff proved impossible and training procedure continued at local level.

An approved training course is one approved by the Department of Health and Social Security or the Ambulance Service Advisory Committee, leading to an award of a proficiency certificate which refers to the holder as being "proficient in all aspects of ambulance aid". The term "Ambulance Aid" is one now accepted in the ambulance service as comprehending the whole range of ambulance duties, *i.e.*, First Aid together with Para-Medical and Non-Medical subjects.

In accordance with the terms of the wage structure, Circular No. N.M. 192A, dated 6th June, 1969, members of the staff with under five years' service must attend a course of training in order to qualify for the full wage award. Recruits to the service will be required to take formal basic training of six weeks' duration at an approved centre, followed by secondment to hospital accident and emergency department for further training.

Competitions

All members of the driving staff were again entered in the National Safe Driving Competition. There were no disqualifications during 1968.

Equipment

All equipment used by the ambulance service was maintained to a high standard.

Equipment maintained at the ambulance station for the conveyance to hospital for babies requiring oxygen on the journey is as follows:

1. An 'Oxygenaire Oxycot' for the conveyance of babies up to six months who require oxygen on the journey.

2. A portable incubator, supplying the necessary oxygen concentration and humidity conditions. This incubator is thermostatically controlled and is designed to maintain its heat from the electrical supply of the vehicle during its journey.

Although the portable incubator required extensive repairs during the year no problems were encountered, effective cover being maintained with equipment loaned by the manufacturers.

Radio Control

In spite of regular servicing, the radio telephone equipment used by the ambulance service became increasingly unreliable during the year. Constant breakdowns seriously affected communications and resulted in a slowing down in the movement of vehicles.

Apart from minor repairs to the pocket radio telephone equipment, used by the District Midwives and a few General Practitioners, the instruments continued to provide excellent communications.

Patients Carried by Rail

Railway facilities were used in conveying 92 patients an estimated 6,870 miles.

Vehicles

Two new vehicles were taken into service during October, both have dual purpose coach built bodies mounted on B.M.C. chassis and were painted white in accordance with recommendations. These two vehicles replaced an Austin Hire Car and a B.M.C. ambulance obtained in 1963 and 1960 respectively, each having completed approximately 150,000 miles.

Vehicle maintenance continued at a high standard and no major break-

downs occurred during the year. At the 31st December the fleet statistics were as follows:

Type	Make	Year	Mileage	
			1969	1968
Ambulance	B.M.C.	1960	145,993	130,967
Ambulance	B.M.C.	1962	109,836	89,151
Ambulance	B.M.C.	1965	47,140	34,431
Ambulance	B.M.C.	1968	24,491	8,374
Dual Purpose	B.M.C.	1962	109,935	93,176
Dual Purpose	B.M.C.	1969	2,003	(299)
Dual Purpose	B.M.C.	1969	2,937	(304)
Dual Purpose	Bedford	1958	152,654	148,995
Sitting Case	B.M.C.	1962	107,566	92,969
Sitting Case	B.M.C.	1968	23,992	10,545
Hire Car	B.M.C.	1964	130,572	103,231

REPLACED VEHICLES

Hire Car	B.M.C.	1963	130,263	111,278
Ambulance	B.M.C.	1961	101,301	91,040

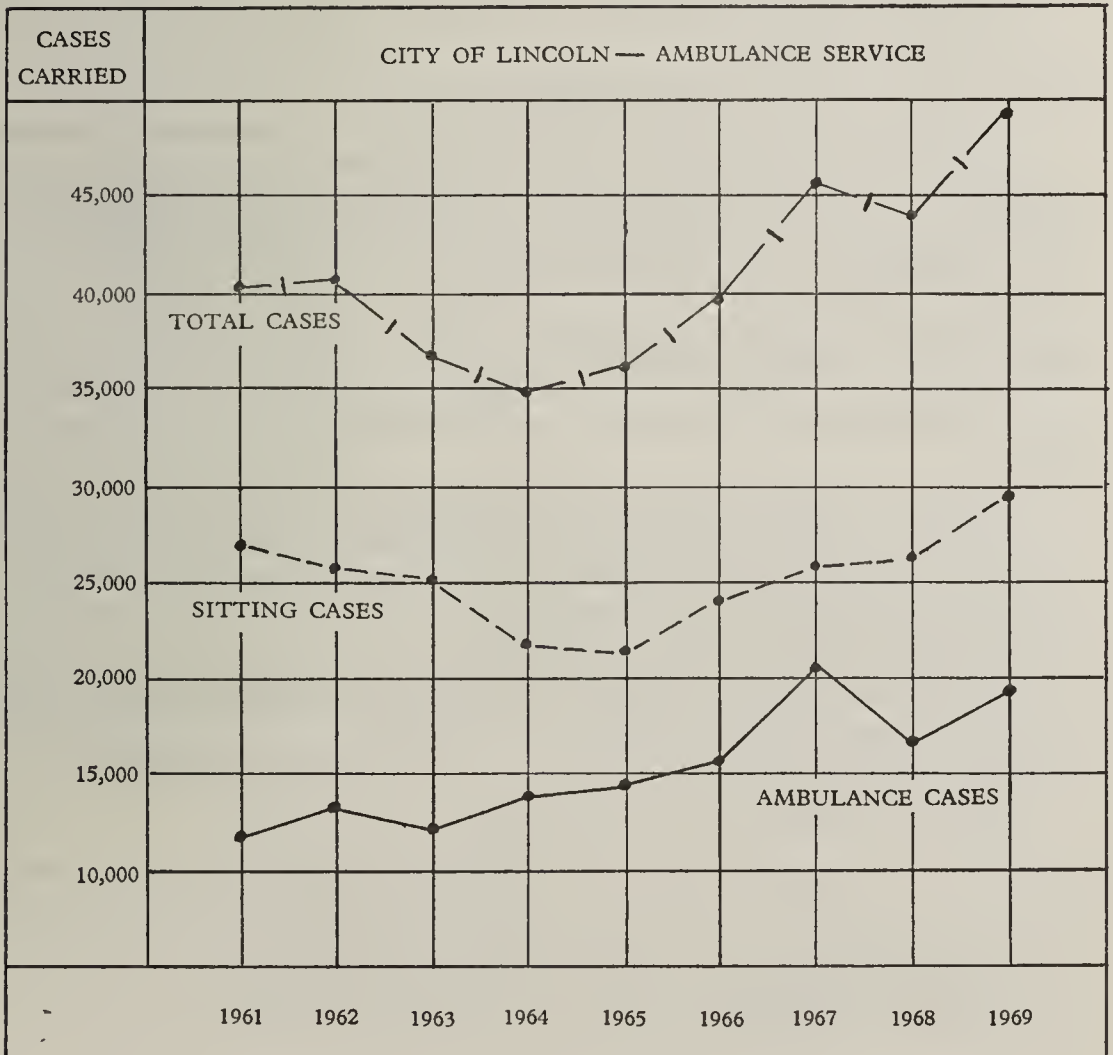
(mileage from 1963)

Co-operation with other Services

Co-operation with the Police, Fire and other Ambulance Services continued at a high level.

Fuel Consumption

During 1969 petrol consumption was 11,817 gallons, an average of 14.7 miles per gallon.



PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis

The need for Tuberculosis preventive work has declined steadily in recent years and a Health Visitor now undertakes the necessary duties in a part-time capacity. In addition to domiciliary visiting she attends at the Chest Clinic and her attendance affords a suitable opportunity for seeing new patients. She undertakes the visiting of the patient and his family before admission to hospital, explains about his treatment and arranges for contacts to attend the Chest Clinic where adults have a Chest X-ray and children a skin test with subsequent B.C.G. vaccination if found to be necessary. During 1969, 17 new cases of Tuberculosis were notified, compared with 8 in 1968.

When a patient is not admitted to hospital, but has treatment at home, the Health Visitor instructs the patient and relatives in the taking of drugs, disposal of sputum and general hygiene. Any home nursing equipment needed is provided, the services of a Home Help are obtained if required and advice is given regarding obtaining additional financial assistance in necessitous cases.

The duties of this Health Visitor also include:

- (a) The follow-up of patients immediately after discharge from hospital to advise on continued treatment at home and to arrange for any necessary assistance to be provided and to undertake further routine follow-up visits as necessary.
- (b) Visits in connection with reading Mantoux tests, Heaf testing, B.C.G. vaccination and follow-up of non-attenders at the Chest Clinic; also any special visiting requested by the Chest Physician.
- (c) Visits to the Senior Schools in the City during the Autumn Term, accompanied by a School Medical Officer, to carry out the B.C.G. vaccination of children in the 13-14 years age group.

During 1969, the Tuberculosis Health Visitor paid 34 domiciliary visits, compared with 62 during the previous year.

The following is a list of the special facilities available for the Tuberculous patient:

1. Free Milk — After a financial assessment has been made, one or more pints of free milk daily may be allowed to a patient. 14 patients received free milk during 1969 and of this number, 12 persons continued to receive assistance granted in a previous year.
2. Financial Assistance — can be obtained from the Dawber Trust Fund and from the Lincoln Sick Poor Fund, mainly towards help with clothing or in some cases with coal.
3. Home Help Service — is available for elderly patients or where the patient is a mother with a young family.
4. Home Nursing Equipment — is available for patients nursed at home.
5. Voluntary Services — The W.R.V.S. and British Red Cross Society also provide assistance. The W.R.V.S. have a clothing store from which some patients have benefitted and the Red Cross Society have a supply of home nursing equipment.

6. Housing — in some cases where there is overcrowding or insanitary conditions, consideration is given to the problem of rehousing. Recommendations are made by the Medical Officer of Health to the Housing Committee and a case receiving priority recommendation is usually rehoused in a matter of months.

Contacts of cases coming to the notice of the Health Department of persons dying from Tuberculosis whose disease was not notified during life, are followed up by the Department. Visits are paid by the Tuberculosis Visitor and arrangements are made for members of the family to attend for examination at the Chest Clinic. There was 1 case in this category during 1969.

I am indebted to the Consultant Chest Physician, Dr. H. G. H. Butcher, for the following report:

“The Chest Clinic work over the last year shows little change though the type of work passing through is showing a slow, but definite, tendency to a wider aspect of medicine. Nevertheless, the main diseases attending the Clinic are Chronic Bronchitis, Emphysema with or without Heart Failure. Carcinoma of the Lung, Pulmonary Tuberculosis and other chest diseases.

Curiously enough this last year has seen an increase in the number of cases of Tuberculous disease in the area covered by this unit. While this may be of no significance it is a warning that we must not assume too easily that Tuberculosis is a dead disease and can be ignored.

The discontinuation of the Mobile Mass Radiography Unit is at present under discussion and, whilst in the more densely populated areas alternative facilities can be easily provided, it will be more difficult, if not impossible for similar arrangements to be made in an area such as Lincolnshire. It is hoped that this will be considered before a final decision is made.”

B.C.G. VACCINATION

Contact Scheme

Under the scheme for the protection of contacts, B.C.G. vaccination is carried out by the Chest Physician on behalf of the Local Health Authority and all child contacts of known tuberculous patients who on testing are found to be “Mantoux Negative” are offered vaccination at the Lincoln Chest Clinic.

The number vaccinated under these arrangements during 1969 was 93, compared with 80 in the previous year.

School Children Scheme

Vaccination of school children in the 13-14 years age group was continued in 1969 under the approved scheme.

The senior schools in the City were visited during the Autumn Term by a medical officer accompanied by a nurse and clerical assistant. All children in the 13-14 years age group whose parents had given consent had a Heaf skin test and, if found necessary, were vaccinated with B.C.G. The “consent rate” for 1969 was 88%.

The following table gives details of the numbers dealt with during 1969:

Number skin tested	..	..	1073
Number found positive:			
Heaf grades 1 and 2	..	..	68
Heaf grades 3 and 4	..	..	4
Number found negative	..	..	952
Number vaccinated	..	..	951

The number found positive was 7.0% of the number tested, compared with 7.4% the previous year.

The Heaf positive reactors were graded in accordance with the degree of the reaction.

Grades 1 and 2 children were referred to the Mass Radiography Unit:

No evidence of disease	..	..	63
Prominent Pulmonary Artery	..	..	1
Failed to attend	..	..	4

Grades 3 and 4 children were X-rayed by large film at the Chest Clinic:

No evidence of disease	4
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MASS RADIOGRAPHY

The Lincolnshire Mass Radiography Unit paid a visit to Lincoln from 28th January to 21st February, 1969. The Unit was located in Oxford Street.

The total number of attendances during this survey was 9,847 compared with 8,375 during 1968.

I am indebted to the Medical Director of the Unit for the following information giving details of the work carried out during the survey:

			<i>Males</i>	<i>Females</i>	<i>Total</i>
No. X-rayed on miniature film	..	..	5644	4203	9847
No. recalled for large films	..	..	34	25	59
No. referred to Chest Clinic	..	..	14	7	21
No. of cases of Pulmonary Tuberculosis requiring close clinic supervision or treatment			3	—	3
No. of cases of Pulmonary Tuberculosis requiring occasional supervision	..	..	—	1	1
Pulmonary Tuberculosis p.p. inactive	..		1	—	1
Bronchiectasis	..	..	1	—	1
Carcinoma	..	..	2	—	2
Cardiac abnormality	..	..	1	—	1
Sarcoidosis	..	..	—	2	2
Pneumonia	..	..	2	3	5

X-ray Examination of Staff

Arrangements are made for the X-ray examination, prior to appointment of new staff of the Council's Day Nursery, Children's Homes, and also employees of the Education Authority such as teachers, student teachers, school caretakers, school meals staff, etc., in fact, all Corporation employees who come into contact with children during the course of their work. In addition, the staffs mentioned are invited to undergo a chest X-ray when the Mass Radiography Unit is available in Lincoln.

Immigrants

During the year information was received in respect of 14 immigrants who were reported as coming to reside in the City. 12 were contacted and, if necessary, given advice regarding the Health Service facilities available to them. It was not possible to trace the other two immigrants at the address given. 10 of the immigrants were medical or nursing staff of the Lincoln County or St. George's Hospitals.

OTHER ILLNESSES

The Council's Welfare Department undertakes the care and after-care, under Part III of the National Assistance Act, 1948, of partially sighted and blind persons, deaf and partially deaf persons, persons suffering from other handicaps and the aged and infirm.

Close co-operation was maintained during the year between the Health Department and the Welfare Department.

In connection with blind persons, table 'A' below gives information regarding the incidence of blindness during 1969 and the steps taken with regard to treatment. Table 'B' shows that there was no notification of ophthalmia neonatorum during the year.

A. FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS

	<i>Cause of Disability</i>			
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Retrolental Fibroplasia</i>	<i>Others</i>
(i) Number of cases registered during the year in respect of which section D of Forms B.D. 8 recommends:—				
(a) No treatment	2	—	—	6
(b) Treatment (Medical, surgical or optical) ...	3	2	—	4
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment ...	—	2	—	4

B. OPHTHALMIA NEONATORUM

(i) Total number of cases notified during the year	...	...	...	...	—
(ii) Number of cases in which:—					
(a) Vision lost ... ..	...	...	...	...	—
(b) Vision impaired ... ..	...	...	...	...	—
(c) Treatment continuing at end of year	...	...	...	...	—

After-Care of Patients following discharge from Hospitals

From time to time, mainly in connection with aged persons, a request is made by the Hospital Almoner for after-care, help and supervision. This usually takes the form of arranging in advance for the services of a Home Help and visiting by the Health Visitor.

Occasionally the request is in connection with an aged person living alone who has left hospital against medical advice, and the District Nurse and Home Help co-ordinate care in association with the General Practitioner.

Provision of Nursing Equipment and Apparatus

The City Health Department maintains a store of standard articles of nursing equipment.

During the year 478 patients were assisted and 771 articles of equipment were issued. The comparable figures for 1968 were 539 patients assisted and 837 articles issued. There was a steady demand throughout the year for most of the items of nursing equipment and almost without exception it was possible to supply every article requested.

Particulars of the equipment issued during 1969 are as follows:

Air rings	39
Bath seats	3
Bed blocks (sets)	1
Bed cages	40
Bed pans	99
Bed rests	109
Bed pans (rubber)	3
Bed tables	2
Bedsteads	13
Commodes	105
Crutches (pairs)	10
Dunlopillo cushions	14
Dunlopillo mattresses	1
Feeding cups	15
Fracture boards (sets)	9
Hoist	1
Inhaler	1
Mackintosh sheets	118
Mattresses	11
Ripple Bed	1
Tripod Walking Sticks.. .. .	21
Urinals	80
Walking Aids	14
Walking Sticks	4
Wheel chairs	57
	<hr/>
	771
	<hr/>

CHIROPODY SERVICE

The Chiropody Clinics are held at Beaumont Lodge, Beaumont Fee. Most patients are able to make their own way to the Clinic but those who by reason of physical disability are unable to use public transport are conveyed to and from the Clinic by the Ambulance Service. In addition to treatment at the Clinic a domiciliary service is provided for those who are completely housebound and who are unable to visit the Clinic even with the aid of Ambulance transport.

During 1969 the Service was again handicapped by staffing difficulties. Mr. Poxon, who had been appointed in September, 1968, resigned on 15th May, 1969, and emigrated to Australia. Miss Malt, who had been with the Department since January, 1963 also resigned and left on 30th June in order to take up an appointment with an industrial firm in Nottingham. The loss of Miss Malt was particularly regretted; she was an excellent Chiropodist and was highly regarded by the patients. Both of these vacancies were advertised and until full-time appointments could be made two part-time Chiropodists were engaged to work on a sessional basis. One vacancy was filled by the appointment of Mr. F. T. Smith, M.Ch.S., on 21st July, 1969. Mr. Savage and Mr. Smith undertook extra sessions in order that as many patients as possible were given treatment in spite of the reduced staff.

Ever since the Health Department has operated a Chiropody Service the fees charged have remained unchanged. At a meeting held on 22nd July,

1969, however, the City Council agreed that charges should be increased as from 1st August, 1969. The new scale of charges is as follows:

	<i>Clinic Treatment</i>	<i>Home Treatment</i>
Men over 65 years and Women over 60 years ..	4/-	4/6
Men over 65 years and Women over 60 years who are receiving supplementary benefits	2/6	3/-
Physically handicapped persons (all ages) and ex- pectant mothers	5/-	5/-
Handicapped persons receiving supplementary benefits	2/6	2/6

The number of Clinic appointments not kept was again very high at almost 14% of appointments booked. As in the previous year the high failure rate was probably due to the many appointments which had to be altered owing to Staff difficulties.

The following table gives the details of attendances and income received from patients during 1969:

	<i>No. of Sessions</i>	<i>Total Attendances</i>	<i>Average Attendances per Session</i>	<i>Total Receipts</i>
Morning Clinics	604	3600	5.9	£849 3s. 0d. £118 15s. 6d.
Afternoon Clinics	467	3112	6.6	
Home Visits		1060		
Clinic appointments not kept		1104		£967 18s. 6d.

YELLOW FEVER VACCINATION

In accordance with Ministry of Health Circular 19/59 (dated 25th June, 1959), Yellow Fever Vaccination continued to be available at the Health Department on request, to persons travelling abroad.

Under Section 28(2) of the National Health Service Act, authorities were empowered, with Ministry of Health approval, to recover such charges as the authorities considered reasonable. The City Council decided that a reasonable charge (having regard to the cost of the vaccine) would be £1 1s. 0d. per vaccination.

During 1969, 269 vaccinations were carried out, the largest number since the scheme was started, and the persons were from the following areas:

Lincoln	63
Lindsey County	81
Kesteven County	53
Holland County	45
Nottinghamshire County	15
Other areas	12
	269

HEALTH EDUCATION

The appointment of Mrs. C. A. Hanson, Health Visitor, as Health Education Officer as from 1st April, 1967 was certainly a step forward and her appointment has contributed towards a gradual expansion of the Department's Health Education Programme. The Health Education Service offered

to schools was further developed during 1969 and details are given in the Report of the Principal School Medical Officer.

The Health Visitors in their visits to homes and their work in clinics continued to carry out the all important but non-spectacular programme of Health Education. The mothercraft classes conducted at the Maternity and Child Welfare Centre, Newland, The Birchwood Health Centre, and The Ravendale Clinic, Laughton Way, continued to be well attended, as were also the three Mothers' Clubs.

As far as possible, health education posters and display materials were presented at a time when it was thought they would have the greatest impact — during the summer months the emphasis was on food hygiene and food poisoning whilst during the winter, burning accidents and the need for adequate fireguards received attention. During the year talks were given to various organisations on a variety of topics by several members of the Health Department Staff. A further course on Food Hygiene was arranged by the Lincoln Technical College and lectures were given by the Deputy Chief Public Health Inspector.

The monthly publication *Better Health* continued to be available for distribution at the 'Stork Clubs', for mothers attending the Infant Welfare Clinics and to other members of the general public at the Health Department.

The Home Safety Committee met at intervals throughout the year and although no special project was undertaken in 1969, representatives of the Committee gave many talks to various organisations of children and adults. Films on "Home Safety" were shown and members of the Fire Brigade staff co-operated in taking part in these talks and demonstrations.

In my Annual Report in 1962, I stated that "The Local Health Authority's Health Education programme on smoking must fail in view of the enormous volume of propaganda and publicity (using all possible media) put out by the tobacco companies." Eight years later I can only repeat this statement. £18 million a year is now spent on tobacco advertising and promotion. The Royal College of Physician's report reveals that 23 million people are still taking the smokers' gamble and throughout the Country some 100,000 premature deaths are due to smoking. This figure is some 25,000 more than previous estimates. I can only repeat Sir George Godber's warning that: "This is no harmless indulgence, but the biggest single avoidable menace to health in contemporary life, causing, all told, perhaps ten times as many deaths as road accidents, and nearly as many deaths as all cancers unrelated to smoking put together. It seems incredible that our country can go on accepting lavish promotion by advertising, and other no less expensive means, of a habit which is dangerous to all who indulge in it and offensive to many who do not."

WOMEN'S CYTOLOGY SERVICE

The Lincoln Women's Cytology Clinic is held at the Maternity and Child Welfare Centre, 34 Newland on Monday and Tuesday morning and Tuesday evening. The staff of each clinic consists of a Medical Officer, Nurse and Clerk (all female) and women are seen by appointment, thus ensuring little, if any, delay. Many of the women wishing to attend the clinic are resident in districts adjacent to the City in areas of the Lindsey and Kesteven County Councils. However, by arrangement with the County Councils, no woman is refused an appointment because she lives outside the City and payment is made by the County Councils for this service provided by the Lincoln City Council. Some women travel over 20 miles to attend the Clinic in Lincoln.

During 1969, 152 clinic sessions were held and the maximum number

seen at any clinic session was 24. The number of new applications received during the year was 1,093.

The following table shows the number of women who attended the Cytology Clinic during 1969:

				<i>Lincoln</i>	<i>Lindsey</i>	<i>Kesteven</i>	<i>Total</i>
No. of women who attended the clinic during 1969	..	..	..	1447	332	517	2296
No. of positive smears	..	..		11	—	1	12

Although the clinics are well attended, it is known that many women particularly at risk are not attending the clinic for various reasons. In order to help these women, a domiciliary service (on a small scale) was started in August, 1967. Two of the District Nurses have been trained to carry out the smear test and domiciliary visits are made by them to women known to the Health Visitors and recommended by them for the domiciliary service. During 1969, 6 women had a smear taken by one of the District Nurses.

HOME HELP SERVICE

Organiser: MISS H. BALDWIN

The administrative staff of the Home Help Service consists of the Home Help Organiser, the Assistant Home Help Organiser, one full-time clerk and one part-time clerk.

The total applications received during the year was 454, 291 new cases were assisted and 160 applications were cancelled owing to various reasons. The heaviest demand for help was between January and March.

It has been apparent during the past two or three years that in Lincoln particularly the pattern of help needed has changed, and more requests are now received for increased help from many who have had a little help in the past for a number of years. The number of short term cases assisted increased and is reflected in the total figure of 944 people who had help during this year.

There are many elderly people who prefer to stay in their own homes, despite the loneliness and the hardships they have to endure, and it is regretted that more domestic help cannot be given to them. The volume of applications for help continues to be made at such a rate that by the time some of them can be dealt with by the Organiser or her Assistant the person no longer requires help. Many of these requests for domestic assistance come from anxious friends or other persons and the applicant is never consulted. Some are made in a hurry and a home help is not the solution to their particular problem. Quite a number do get over the emergency and records show that abortive visits would have been made if immediate help had been available.

The following table shows the growth of the service during the past three years and the number of hours worked by the Home Helps (excluding travelling time, etc.):

Cases assisted:	1967	1968	1969
Aged and infirm	685	720	740
General illness and chronic sick under 65 years	103	102	115
Mentally disordered	23	20	21
Maternity	34	39	25
Tuberculous	4	6	4
Blind	43	42	39
	<u>892</u>	<u>929</u>	<u>944</u>
Hours worked:	1967	1968	1969
Home Helps	138,087	137,069	129,176
Night Attendants	3,525	5,864	5,651
	<u>141,612</u>	<u>142,933</u>	<u>134,827</u>
Home Helps employed at the end of the year:—			
Full-time	14	13	11
Part-time	132	136	133
Whole-time equivalent	79	78	73

The part-time Helps included 9 Night Attendants in 1967, 12 in 1968 and 12 in 1969.

The number of hours worked in 1969 was about 7,000 less than in the previous year yet more cases were covered, many short term. Some people had help alternate weeks, others were left for longer periods.

The number of full-time helps in 1969 was reduced to 11 and it has not been possible to increase this number as suitable persons have not come forward for consideration.

The average number of hours help given to a case during 1969 was 137, in 1968, 147 hours and in 1967, 155 hours. This means that on an average each case is having less than 3 hours help a week throughout the year and less than in 1967.

Aged and Infirm

More than 40 persons had regular daily help over a long period during the year mainly for the reasons previously mentioned. The number of those who should have help at least once a week exceeds 500 and includes about 65 under the age of 65. The remainder are elderly and frail. Nineteen who had help were over 90 years of age (2 of whom were blind). Approximately 270 who were supplied with help at some time during the year were between 81 and 90 (11 being blind); 388 persons were between 71 and 80 (15 being blind). Of the remainder 108 were between 66 and 70, 6 of these were blind. The condition of more than 70 is unlikely to improve.

There is still a problem regarding allocation of immediate help to persons being discharged home after a fairly long stay in hospital. The houses are often cold and damp and it appears it is not the responsibility of any particular department to make sure that the houses are warm, dry, clean and there is food available. Often the person is discharged at short notice, or in some cases discharge is postponed; this tends to add confusion to any service which is stretched to its limits.

Tuberculous Cases

The number of persons suffering from tuberculosis and requiring the services of a Home Help varies each year. Of the 4 assisted during 1969, 3 were short term and 1 long term. There is not the demand for Home Helps

to assist this type of case as there was in the past, owing to the lower incidence of cases in the City.

Administration

The Home Help Service has an important part to play in the care of the sick, elderly and infirm persons in their own homes and it is hoped that eventually adequate help may be given to as many as possible to enable them to remain in their own homes for as long as it is practicable for them to do so. Many young chronic sick have to manage with many less hours help than is adequate for them, owing to the fact that there is a charge for this service, and as they will require help for an indefinite number of years, dare not request more help in case they cannot meet the cost. Help for these people is not for an 'emergency' which many could afford, but is likely to be required for the remainder of their lives.

The Home Help establishment was reduced in 1968 and has remained the same since that date, yet the demand for the service is as heavy as ever. 18 Home Helps and 4 night attendants resigned during the year. The recruitment and appointment of Home Helps increase the work of the administrative staff and it would appear helps are not staying in the service as long as those who joined between 1955 and 1966.

It seems appropriate at this time to record that six helps have been in the service for 14 years or more; eleven between 10 and 13 years and fifty between 5 and 9 years. One part-time help resigned during the year at the age of 62 years having given 17 years service. Recruitment is not always easy and although many apply for employment relatively few are considered to be suitable. It is particularly difficult to obtain recruits for certain areas of the City.

Illness amongst the Home Helps is inevitable, but on the whole is not excessive when one considers the type of work they undertake.

Owing to the growth of the Service, the office accommodation is totally inadequate to meet the need for interviewing and paying the wages of the home helps each week and action to remedy this situation is urgently needed.

Approximately £3,300 was paid to the Department for the Home Help Service during 1969 and this amount is by no means substantial when one considers the work undertaken to recover so many small amounts.

Visiting

The importance of home visiting cannot be over-emphasised. It is desirable to visit each case before help is sent out, to follow up the case to ensure adequate help is being received and also that help is not continuing when it is no longer necessary.

During 1969, 312 interviews took place in the homes of applicants and a further 516 visits to homes to re-assess the charge for the service and/or to check the continuing need. A further 90 visits were made to the home helps when working and to their own homes when changes of programme were necessary. This number also included visits made in the evening or weekends to Night Attendants either to take instructions for a new case or to cancel an original arrangement.

Approximately 68% of the recipients of help were granted a free service and the remainder paid something towards the cost of the service. It is essential that all should have regular visits from this department and without frequent visiting, there could be some abuse of the service. In the majority of instances the helps give more time to the recipients than is shown on the records and frequently do shopping in their own time.

On 6 occasions during the year, Student Nurses accompanied the Organiser to observe cases where Home Helps were working and noted what care could be given to people in their own home. Two students received instruction in the office.

Toxaemia of Pregnancy

During the year five cases of toxaemia of pregnancy were given the services of a Home Help in order that these expectant mothers might have complete bed rest until the baby was born; only one of these was a home confinement.

The scheme for providing a free Home Help Service to primiparae having treatment for toxaemia at home and multiparae having treatment at home or in hospital was introduced in May, 1966.

Problem Families

Assistance was given to 7 families, no charge being made for the service. All were short term, mainly due to the fact that home helps who are not trained to assist problem families, tire and wish to be relieved of such duties when they cannot see good results of their efforts.

The problems associated with this type of family are numerous and the work even though rewarding at times, is onerous. In some instances conditions are so bad that it is necessary to send two home helps to assist one problem family.

Night Attendant Service

Demand for this service continues and appreciation of the service was acknowledged by many to whom help was given. The service was supplied in the majority of cases to relieve relatives or friends of the sick person, or nightly help to persons having no relatives and awaiting admission to hospital within a few days, or to persons too ill to be removed to hospital.

Recruitment continues, but unfortunately the majority of Night Attendants can only work two or three nights a week and rarely at weekends, therefore much last minute planning is necessary to ensure that the Night Attendants are able to attend when required.

48 cases were assisted during 1969 compared with 59 in 1968 and 54 in 1967; the number of hours worked by the Attendants was 5,651. 19 had Night Attendant Service only and 29 had day and night help. These figures give an indication of how many people were able to remain in their own homes even though they were, at times, very ill.

MENTAL HEALTH SERVICES

Senior Mental Welfare Officer: J. B. GRACEY

Staff

The staff, which has remained unchanged during the year, consists of the Senior Mental Welfare Officer and three Mental Welfare Officers (two male and one female), and one full-time clerk/typist.

Administration

The Health Committee administers all matters relating to the Mental Health Service,

The service continued to function as in previous years, although it is interesting to note that more referrals have been received from Statutory and Voluntary Agencies, also patients themselves are gradually becoming more aware of the service which is available to them.

Liaison between General Practitioners, Hospital Psychiatrists and Staff, Statutory and Voluntary Agencies continued to improve.

Statistics

Figures this year show an increase from those of last year and the following tables show the number of cases referred and investigated; also the number of admissions to hospital during the year.

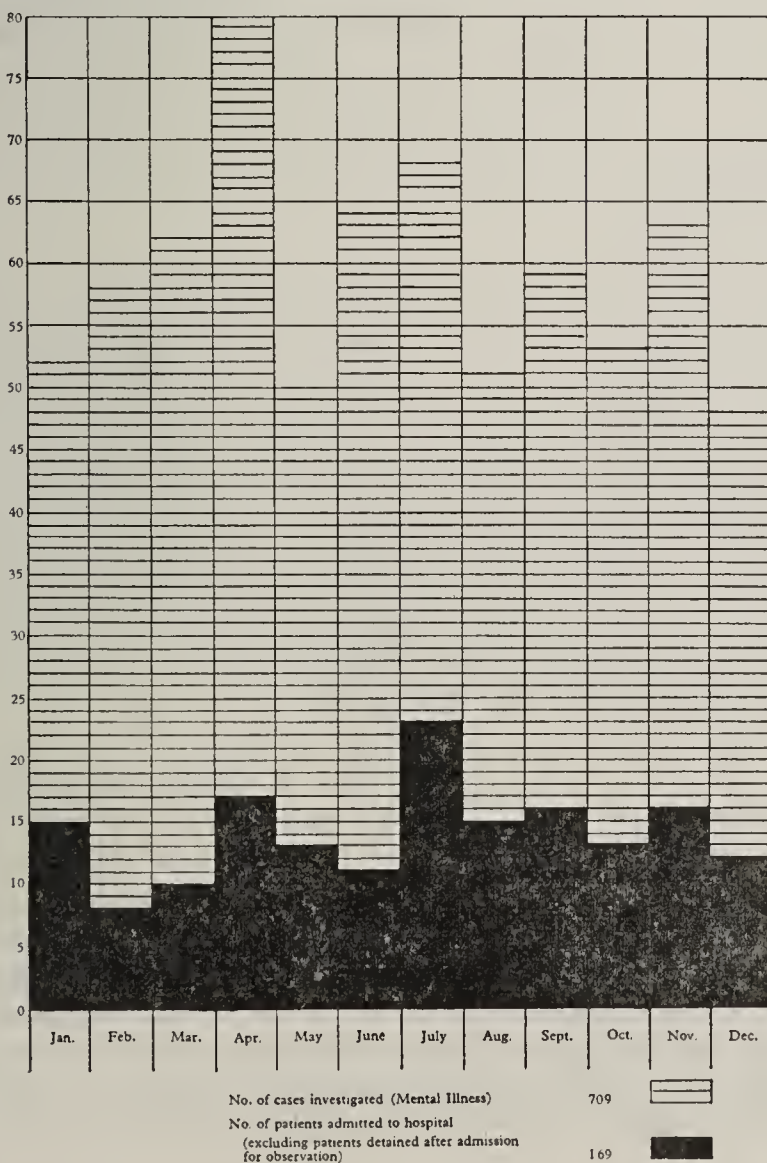
Mental Illness

Compulsory and Informal Admissions (Previous year's figures in brackets).

	<i>Males</i>	<i>Females</i>
Patients admitted to hospital, Section 29, Mental Health Act, 1959	18 (15)	29 (18)
Patients admitted to hospital, Section 25, Mental Health Act, 1959	14 (24)	34 (31)
Patients admitted to hospital, Section 26, Mental Health Act, 1959	9 (5)	7 (4)
Patients admitted to hospital, Section 60, Mental Health Act, 1959	— (—)	— (—)
Patients admitted to hospital, Section 5, Mental Health Act, 1959	21 (17)	37 (30)
Patients placed under Guardianship Order Section 60	— (1)	— (—)
Patients returned to hospital after absconding Section 39/40	5 (5)	2 (6)
Total ...	67 (67)	109 (89)
Direct Admissions: By Arrangement with Patient's General Practitioners and Consultant Psychiatrists following domiciliary visits	17 (23)	22 (34)
Grand total ...	84 (90)	131 (123)

MENTAL ILLNESS

Cases investigated and admissions per month during 1969



Every case referred (whether or not previously known to the service) is investigated by a Mental Welfare Officer, and constant contact maintained with the patient and family thereby establishing a sound relationship. Some cases referred are soon found not to have psychiatric problems at all and in these circumstances the case is referred to another agency best suited to deal with the problem.

The following table shows the number of males and females (under and over 16 years of age) admitted to hospital:

Table 1

<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
<i>under 16</i>		<i>over 16</i>		
1	—	61	107	169

Table 2 Number of persons referred to the Mental Health Service during the year ended 31st December, 1969.

	Mentally Ill				Subnormal				Severely Subnormal				
Referred by:	<i>Under 16</i>		<i>Over 16</i>		<i>Under 16</i>		<i>Over 16</i>		<i>Under 16</i>		<i>Over 16</i>		<i>Total</i>
	M	F	M	F	M	F	M	F	M	F	M	F	
General Practitioners and Consultant Psychiatrists	—	1	71	101	—	—	1	3	—	1	—	—	178
Hospital — on discharge from in-patient treatment	—	—	30	72	—	—	2	—	—	—	1	—	105
Hospital — in-patient	—	—	22	31	1	—	9	—	—	—	—	—	63
Hospital — after or during out-patient or day treatment	—	—	2	7	—	—	—	—	—	—	1	—	10
Local Education Authority	1	—	—	2	6	2	—	3	—	—	1	—	15
Police and Courts	—	—	21	14	—	—	3	1	1	—	—	—	40
Other Sources	—	1	86	157	12	—	22	16	2	1	1	—	298
Total	1	2	232	384	19	2	37	23	3	2	4	—	709
Social Histories/Progress Reports	1	1	48	70	—	—	3	2	—	1	—	—	125
Total	1	3	280	454	19	2	40	25	3	3	4	—	834

Community Care

At the end of the year home visits totalled 5,224 compared with 4,837 in the previous year; office visits by patients totalled 933 compared with 861 visits during 1968. Apart from home visits and office visits, 369 patients were visited in hospital and continuation of after-care is encouraged following a patient's discharge. The Mental Welfare Officer is faced with many problems. In some cases the patient and his family require assistance with problems of housing, employment, rehabilitation, marital, domestic and financial.

A Mental Welfare Officer, therefore, must be a person of the highest integrity, having a tactful and understanding manner with a willingness to help all these less fortunate members of the community. An officer must also be firm and confident in the decisions he makes especially where compulsory orders to effect an admission to hospital are concerned as a considerable legal responsibility rests entirely upon his decision.

The City has been divided into four areas for administrative purposes and each Mental Welfare Officer is responsible for his own area — apart from those times he is “on call duty” when referrals from any part of the City are dealt with.

In the cases of subnormality advice and assistance are given to parents, and where applicable they are encouraged to attend either our Junior or Adult Training Centres. Short-term care is arranged for patients at Harmston Hall Hospital or subsidiary hospitals, in order to allow parents and relatives to take a holiday and thus being relieved of the considerable strain and responsibility for a short period, they are able to enjoy a well earned rest. The Council’s St. Hugh’s Hostel, which accommodates male adult subnormals, is also used for short-term care when circumstances permit. Similar arrangements will be available for female adult subnormals when the proposed hostel is operative.

The number of patients receiving after-care at the year end was as follows (last year’s figures in brackets):

Mentally ill (children and adults)	..	..	221	(149)
Mentally ill (elderly infirm)	..	..	20	(26)
Subnormal (children and adults)	..	..	131	(114)
Severely subnormal (children and adults)	..		52	(48)
			<hr/> 424	<hr/> (337)

Case Conferences and Discussions

Conferences and discussions take place at St. John’s Hospital each Tuesday and Thursday morning, and each Lincoln case presented for discussion is heard by a Mental Welfare Officer, who submits a written home circumstances report to the hospital two or three days prior to the conference. Relatives of patients are also requested to be present and should the question of discharge arise every assistance is given to both patient and relative by the Mental Welfare Officer in rehabilitation into the community; home visits are made and the progress or deterioration in the patient’s mental condition is easily detected. In addition progress reports are submitted to the hospital ward doctors and out-patient appointments encouraged.

Social Clubs

There are two social clubs and meetings are held weekly, a Mental Welfare Officer being in attendance at both clubs.

Beaumont House Social Club

This club for the mentally subnormal adults (male and female) meets each Monday evening between 7 p.m. and 9-30 p.m. Membership varies between 25 and 35, with an average attendance of 32. The members all enjoy taking part in the entertainment particularly bingo and dancing; film shows are frequently arranged and other forms of entertainment include table tennis,

darts and games. Refreshments are served and prepared by members of the Women's Royal Voluntary Service — to whom we are very grateful. An admission charge of sixpence per person is made to cover cost of refreshments and prizes each week.

This year, members joined in an outing with trainees and staff of the Adult Training Centre, when they visited Flamingo Park in Yorkshire. A Christmas Party was arranged and took place on 22nd December at the Adult Training Centre. Transport for most of the members was arranged from the City Centre and back again. A small band was engaged to provide music for dancing and games. Several girls and boys between the ages of fifteen and sixteen were invited to attend from St. Christopher's school, and in all 72 attended the party.

In September, 1968, reading and writing classes were arranged at the Sincil Evening Institute and on two evenings each week (Tuesday and Thursdays) twenty men and women continued to attend. Several of the pupils are either residents of St. Hugh's Hostel or attend the Adult Training Centre.

Membership of this club is restricted to subnormal adults who are known to the Mental Health Service.

Welcome Club

This club, which was designed to meet the needs of anyone who has suffered, or is suffering, from mental illness, is now entering its fifth year and progressing satisfactorily. A committee formed of club members and the Senior Mental Welfare Officer as President, meets regularly to formulate and agree the club's future activities. One of the most popular features of this club is bus outings, and this year members have enjoyed several trips, including one to the Theatre at Nottingham and another to the City of Variety (Old Time Music Hall) at Leeds. Many money raising ventures were undertaken by way of rummage sales, dances and coffee evenings. The proceeds from these ventures go towards future activities and the purchase of new equipment. Between September and the year end the Committee arranged a full programme of events which included film shows, social evenings, dancing instruction, a concert party and bingo.

The club has continued to improve year by year, and membership remains fairly constant although the amount of work and time involved in running the club has increased. Fortunately the club has a very good secretary and treasurer, both of whom are long standing members of the club and whose main interest is to make the Welcome Club a success.

The attendances during 1969 were:

Beaumont House Social Club 1,636.

Welcome Club 1,508.

St. Hugh's Hostel

Warden: MR. J. H. GEERLING

Matron: MRS. L. GEERLING

At the beginning of 1969 there were 20 residents in the Hostel and during the year 13 new residents were admitted, and 13 discharged, 1 resident died following a short illness. Several of those admitted to the hostel only remained for two-weeks' short-term care whilst their parents or guardians had a holiday. Reasons for discharge were as follows:

Completion of short-term care	..	..	6
Returned to hospital	..	..	1
Obtained board/lodgings	..	..	6
Deceased	..	..	1

Only three of those discharged to private lodgings were able to hold their own, the other three duly returned to the hostel — one of whom is regarded as being entirely unsuitable to live in the community but who had insisted on being given a chance to do so; the other two simply preferred the hostel and had allowed themselves to deteriorate until consequently they had to be re-admitted. Although these two men are fairly high grade they are very idle and do not show any enterprise at all.

At the end of the year there were 19 residents in the hostel (5 mentally ill and 14 subnormal).

Holidays

Four of the residents went to a Holiday Camp for their annual holiday, but the remainder spent their three weeks at the hostel because the chalets owned by the Lincoln Mentally Handicapped Society were fully booked during the period when the Adult Training Centre was closed.

Special Events

A Garden Fete and Jumble Sale were organised and held in the hostel grounds, the proceeds of which went to the Lincoln Borough Silver Band. This Band played to the residents at Christmas.

The Lincoln Mentally Handicapped Society donated five pounds towards Christmas presents for the residents.

Staff

There were certain staff difficulties during the year; an assistant warden left also a domestic worker, but both these vacancies were soon filled.

Junior Training Centre

The "Beaumont House" Junior Training Centre caters for children under the age of 16 years and the "Special Care Unit", which is an extension of the Centre, accommodates severely subnormal children.

The following table shows the number of children in each class at the beginning and end of the year:

		<i>Class</i> 1	<i>Class</i> 2	<i>Class</i> 3	<i>Class</i> 4	<i>Special</i> <i>Care Unit</i>	<i>Total</i>
No. of children attending as at 1st January, 1969	Lincoln	12	13	11	—	6	42
	Kesteven	1	2	3	—	1	7
	Total	13	15	14	—	7	49
No. of children attending as at 31st December, 1969	Lincoln	14	10	9	6	7	46
	Kesteven	3	1	—	4	—	8
	Total	17	11	9	10	7	54

Admissions during the year ended December, 1969:

	<i>Lincoln</i>	<i>Kesteven</i>	<i>Total</i>
Transferred from St. Christopher's Diagnostic Unit	4	—	4
Transferred from Infant School	1	—	1
Transferred from Day Nursery	1	—	1
Recommended for admission following "ascertainment"	2	2	4
Total	8	2	10

Discharges during the year ended December, 1969:

	<i>Lincoln</i>	<i>Kesteven</i>	<i>Total</i>
Transferred to Hospital	—	1	1
Transferred to Adult Training Centre	2	—	2
Transferred to another Authority	1	—	1
Deceased	1	—	1
Total	4	1	5

The staff of the Centre, whose main aim is to help the children to lead as full and happy a life as possible, consists of the following:

Supervisor.

Deputy Supervisor.

4 Assistant Supervisors.

1 State Registered Nurse (part-time) } Special Care Unit.
1 State Enrolled Nurse

The needs of each class differ slightly and each member of staff studies the needs of her own particular group.

In the **Nursery/Reception Class** the aims are to develop speech or alternative methods of communication to provide plenty of opportunity for learning through play in free and organised play therapy. It is important at this stage that the child is taught self-help and independence: supplementing home training (or what normal children have usually learnt at home before commencing school). Such tasks include toilet training and dressing, etc.

Music is used a great deal in this group as the children often respond better to music at this stage, and it also provides the opportunity for free expression.

Infant Class: The approach parallels that of the Nursery/Reception class. There is further extension of speech and the work resembles that of an early infant group where the children learn through experience backed by careful individual help. The recognition of a few common words is attempted at this stage. The children are taught to understand the concepts of size and quantity by relating the things they see and experience, this is helped by regular visits out of school, stimulating each child's curiosity and strengthening powers of observation.

Junior Class: This is a further but more detailed extension of the Infants class. Children are still encouraged to learn through their own experience and particularly by experimentation under the controlled guidance of the teacher. The children are taught to recognise Public Signs so helping them to move within the community. If a child shows an aptitude for simple reading this is fostered along individual lines. There is an extension of size and quantity and an introduction to time.

Music and movement play an important part in reinforcing these concepts, e.g., big and little, wide and narrow, high and low, strong and weak.

P.E. is used to develop gross motor skills, and fine co-ordination is encouraged in manipulative games, *e.g.*, construction kits.

Drama helps stimulate imagination and encourages free expression. Art and handiwork provide practice with different tools and materials.

Senior Class: This is a transitional class where each child is helped to become more flexible enabling him to adapt to his future life at the Adult Training Centre. Cooking and domestic tasks are introduced in this group. There is still the emphasis on methods employed right through the Training Centre, but an attempt is made to consolidate the learning into real life situations.

Visits of interest and shopping expeditions fulfil a greater purpose at this time. The children are made aware of community services through these visits, *e.g.*, Fire Service, Police, Transport, etc.

Although the emphasis throughout the Centre is on individual help, encouragement is given for group participation and the need for children to help each other, such as encountered in working conditions.

Special Care Unit

This Unit is primarily for the more severely handicapped child who needs extra nursing care rather than a teaching approach. However, it has been found that a child who found it difficult to adapt to the larger class and teaching approach in the Nursery/Reception Class has responded to the smaller confines of the Special Care Unit.

Transport

39 children were transported by two Corporation buses (accompanied by two members of the staff), 6 children from the Special Care Unit were conveyed in a specially converted ambulance; 8 Kesteven children travelled by taxi and 1 child walked to the Centre.

The Adult Training Centre, Long Leys Road, Lincoln

Manager: J. RUSHFORTH

Activities during 1969

The main activities at the Centre consisted of the following:

Contract work.

The manufacture and sale of articles such as soft toys, mops, etc.

Firewood cutting, packing and bundling for sale.

Gardening and sale of produce.

Carwash and valet service.

Social and Physical Education.

Contract Work

Six firms supplied work to the Centre during 1969 and thereby provided continuous employment for the trainees that varied from the simple repetitive type of job requiring very little skill to assembly work of a more sophisticated nature.

All requirements to carry out these contracts such as industrial machinery and tools were supplied by the firms concerned and were installed in the machine workshop, properly wired and all moving parts guarded. Protective clothing was provided and barrier creams, etc. used when essential.

It became apparent that a dust extraction system and improved loading and off-loading facilities would be an advantage and their installation is now planned.

All the trainees worked well under the supervision of the instructors and all the firms expressed satisfaction with their efforts and stated that the standard of all completed work was high.

Total earnings from contract work was £1,387 10s. 0d. which compared well with the 1968 figure of £873 0s. 10d.

Manufacture and Sale of Articles at the Centre

Progress has been continuous throughout 1969 and this activity remained as a major source of employment for the trainees under the close supervision of the staff. Every effort was made to keep the articles as high in finish and quality as possible and increased sales showed the measure of success. Demand for products increased despite the fact that no deliberate effort was made to advertise them by display as in former years.

All articles were made to order and the range of products remained as diverse. A start was made in metal work and increasing orders showed there was a ready market for items made in metal.

An increased demand for mopheads by Central Stores, Stamp End, and the local hospitals was met by an all-out effort by the trainees and staff.

Mr. Gilkison, Parks Superintendant enquired as to the Centre's ability to supply his department with seed boxes, trays, cemetery boxes, etc., and placed large orders for these products which provided useful employment for the trainees in the machine shop.

Soft toys, stools and canework retained popularity and demand for them remained constant.

Prices of raw materials rose throughout the year which in turn forced up the price of finished articles made at the centre by small amounts. This does not appear to have affected the demand in any way.

Total earnings from sales of finished articles excluding Firewood, Garden Produce and Carwash was £2,075 13s. 8d.

Firewood Cutting, Packing and Bundling

Orders for packed, bundled and bags of loose firewood increased again in 1969, and this activity assumed major importance as a source of employment and income. Packed and bundled firewood was supplied to many shops while loose firewood was supplied to Lincoln Corporation establishments such as schools, children's homes, day nurseries, etc., by official order.

Loads of demolition timber bought cheaply from local sources provided the wood and polythene bags were supplied at a very competitive price by a plastics firm at Market Rasen.

The trainees employed on wood chopping enjoyed their work and really worked hard. The one drawback to this activity was that it tied down the circular saw almost exclusively to the detriment of other jobs that also required the use of this power tool.

Total income from this activity was £488 15s. 11d.

Gardening and Sale of Produce

This activity developed still more during 1969 under the care of Mr. Smith and his trainees who worked hard cultivating the land belonging to the Centre and the one allotment rented from the Allotments Association. Vegetables were grown for use in the kitchen, but the accent was placed on growing flowers and plants for sale to the public. Income from these sales increased by 25% over the previous year's figure.

A greenhouse, 8 ft. x 16 ft. was made and covered in the workshop for an outlay of £10 and added to the gardens equipment. Numerous cold frames were also made and sited. Three further allotments were rented from the Allotments Association and when treated and prepared, will be an asset in the coming year.

The Parks Superintendant visited the centre and saw the gardens and it was agreed that certain varieties of plants should be grown at the centre for sale to the Parks Department once their needs were known. Bulbs, plants, etc. were also bought through the Parks Department, whenever it was advantageous to do so.

Total income from this activity was £240 16s. 2d.

Carwash and Valet Service

The demand for this service has gradually declined during 1969, and only a few of the medical staff employed at St. George's Hospital keep this activity in being. The training centre's relative position to the City is the main reason why the demand for this service has not increased, for the charge is reasonable and the trainees' work is satisfactory.

Total income from this activity was £20 0s. 6d.

Total income from all activities in 1969 was £4,212 16s. 3d. of which £488 15s. 4d. were sales to Corporation Departments.

Social and Physical Education

Every attempt was made to give full time to this activity, but the combined circumstances of staff changes, staff shortage due to unpaid leave, illness, etc., and the overwhelming demands of the work programme made this an impossibility during 1969 and a vastly curtailed programme of sessions on subjects of social competence was all that could be arranged.

Night classes were held twice weekly at Sincil School and simple reading, writing and other subjects were taught. Arrangements were made for 15 trainees to attend.

The visits by Mrs. Abell, Dental Health Education Officer continued throughout the year and lectures and film shows on the subject of oral hygiene were given.

Books were supplied by the City Libraries Loan Service and these were in constant use.

Trainees' Payments

Payments to trainees in the form of attendance payment and incentive bonus amounted to £1723 0s. 6d.

Admission and discharge of trainees

The number of trainees entered on the register on 1st January and 31st December, 1969 was 86, details as below:

	<i>Lincoln</i>	<i>Kesteven</i>	<i>Lindsey</i>	<i>Total</i>
Number on register on 1st January, 1969	76	8	2	86
Admitted during year ..	27	—	1	28
Discharged during year ..	26	2	—	28
Number on register on 31st December, 1969	77	6	3	86

Reason for Admission

Request of Mental Welfare Officer	..	..	..	22
Unemployed	..	..	..	1
Request of parent or guardian	..	..	..	2
Request of other authorities	..	..	..	3

Reason for Discharge

Left for employment	..	..	..	..	5
Unco-operative or unsuitable	..	..	..	..	2
Left the district	..	..	..	..	1
Entered hospital	..	..	..	..	7
Parent or guardian's request	..	..	..	..	4
Own accord	..	..	..	..	5
Request of Mental Welfare Officer	..	..	..	..	2
Deceased	..	..	..	..	1
Attend Dysart Centre	..	..	..	..	1

Transport

Two buses transport the trainees to and from the Centre daily. Three trainees were conveyed by the ambulance service. Six trainees residing in the Kesteven area were transported by taxi. Three trainees residing in the Lindsey area made their own transport arrangements.

Remarks

Visits to the centre by individuals and organised groups were frequent throughout the year and parties of students from St. George's Hospital, County Hospital, St. John's Hospital, Harmston Hospital, the Bishop Grosseteste College and Lincoln College of Technology saw the centre and its work.

Students from the Adult Education Centre stayed and worked with the trainees as part of their training and found the experience to be of value.

Pupils from the Rosemary Secondary Modern School who were in their 4th year and due to leave school came to the centre two afternoons per week to help and also learn by their attendance, and, with one or two exceptions, they behaved well and were welcome, as were pupils from The Robert Pattinson School who also came for a short period.

Mr. Watkinson, the D.R.O. employed by the Department of Employment and Productivity, visited the centre once weekly to see trainees and discuss employment with them.

A small group of local citizens, headed by Mrs. Wallis and Mrs. Lowther, joined together and collected money by various means such as the giving of coffee mornings, raffles, etc. They called themselves Friends of the Adult Training Centre and it was through their efforts, plus £35 given by the National Society for Mentally Handicapped Children, that a trip to Flamingo Park, North Yorkshire, was organised in midsummer which was thoroughly enjoyed by all. The Christmas party given for the trainees on the 19th December was also paid for by this organisation and everyone at the centre was grateful for their efforts.

CONTROL OF INFECTIOUS DISEASES

Notifiable Infectious Diseases

Notification to the Local Health Authority of certain of the infectious diseases is an important statutory duty required of all doctors practising within the Authority's area.

It is the first step in the control of the various infectious diseases and makes possible the compilation of local and national statistics.

The following table shows the incidence of the Notifiable Infectious Diseases during the last 5 years in Lincoln:

<i>Disease</i>	1965	1966	1967	1968	1969
Diphtheria	—	—	—	—	—
Scarlet Fever	69	19	12	23	17
*Erysipelas	2	—	—	2	—
*Puerperal Pyrexia	2	—	—	2	—
Measles	461	758	262	813	17
Whooping Cough	2	1	38	11	2
Typhoid Fever	—	—	—	—	—
Para-Typhoid Fever	1	—	—	—	—
Dysentery	79	33	31	6	13
Food Poisoning	2	1	1	6	6
*Pneumonia	—	2	1	—	—
Acute Meningitis	—	—	—	4	2
Acute Poliomyelitis:					
Paralytic	—	—	—	—	—
Non-Paralytic	—	—	—	—	—
Acute Encephalitis	—	—	—	—	—
Malaria	—	—	—	—	—
Smallpox	—	—	—	—	—
Tuberculosis:					
Pulmonary	18	11	9	7	13
Non-Pulmonary	4	2	2	1	4
†Infective Hepatitis	—	—	—	404	58

†*Notifiable from 15th February, 1968.*

**Ceased to be notifiable from 1st October, 1968.*

Diphtheria

No case of Diphtheria occurred in the City in 1969, the last notification being in 1950.

Scarlet Fever

17 cases of Scarlet Fever were notified during the year. 12 cases were children of school age and 5 cases were children of pre-school age. In recent years Scarlet Fever has been little more than a nuisance, patients quickly recover and it is rare for a child to be away from school for more than two weeks.

Measles

17 cases of Measles were notified in 1969; this being by far the lowest number of cases of Measles to be notified in any one year, the previous lowest number of notifications being 51 in the year 1960.

1969 was the first full year during which vaccination against Measles was generally available. It is accepted that Measles tends to occur in epidemic form approximately every two years and this has been the case in Lincoln. In the normal course of events a Measles epidemic would have been expected to start at any time from September onwards; in fact, only two cases were notified in the last quarter of the year, one case in October and one case in November. The downward trend in the number of cases of Measles occurred also on a national scale, the comparative figures for the past three years being as follows:

1967	461,032 cases.
1968	233,932 cases.
1969	139,812 cases.

It will be seen from the above figures that the number of cases notified in 1967 (no vaccination available) was approximately double the number notified in 1968 (vaccination available from May onwards) and more than three times the number notified in 1969 (vaccination generally available). It is also of interest to note that of the 17 cases notified in Lincoln, 7 cases were aged one year or less and 4 cases were aged 16 years or more, and thus were either too young or too old to fall within the scope of the scheme for Measles vaccination. Of the remaining 6 cases, aged between 4 and 15 years, no record is held of any of them having been vaccinated against Measles.

One year is too short a period to use as a basis for the long term evaluation of the effectiveness of any immunising procedure and it would be wrong to infer from the foregoing remarks that Measles is now a disease of the past. Nevertheless, the small number of notifications received in Lincoln taken in conjunction with the fall in the number of cases notified in the country as a whole is most encouraging and would appear to indicate that vaccination against Measles is likely to prove effective.

Whooping Cough

2 cases of Whooping Cough were notified during the year, a child aged 6 years and an adult aged 22 years. Neither of them had been immunised.

Dysentery

13 cases of Dysentery were notified in 1969. For the past two years the City has been remarkably free from this disease; however, 7 notifications were received during the month of December and by the last week of the year it had become apparent that a fairly large outbreak could be expected in the New Year.

Food Poisoning

6 cases of Food Poisoning were notified and 5 of these cases were confirmed by the Public Health Laboratory. The infecting organisms were *Salmonella typhurium* (2 cases), *S. Newport*, *S. Derby* and *S. Enteritidis*. In no case was it possible to trace the source of infection.

Poliomyelitis

No case of Poliomyelitis was notified during the year.

Infective Hepatitis

58 cases of Infective Hepatitis were notified during 1969 compared with 404 cases in 1968, when the disease reached epidemic proportions. The number of notifications received monthly decreased steadily until September, after which no more notifications were received.

In March, the Director of the Central Public Health Laboratory, Colindale, agreed to supply a small quantity of Human Normal Immunoglobulin to give to the immediate family contacts of cases and General Practitioners were informed that this was available from the Health Department on request. 87 doses were given to 50 contacts of 20 cases and, so far as it is known, none of these contacts subsequently developed the disease. The protection afforded by Human Immunoglobulin is of short duration but, if given promptly, it appears to be effective in preventing the close contacts of a case from being infected.

Acute Meningitis

2 cases of Acute Meningitis were notified during the year, a boy of 7 and a boy of 9 years. Both cases were notified from St. George's Hospital.

TUBERCULOSIS

Notifications

The number of notifications received during the year was 17 (13 pulmonary and 4 non-pulmonary), compared with 8 (7 pulmonary and 1 non-pulmonary) in the previous year. The age and sex distribution of the notified cases are shown in the following table:

				0—4 years	5—14 years	15—24 years	25—44 years	45—64 years	65 years and over	TOTAL
RESPIRATORY										
Males	...	...	...	1	1	—	2	2	—	6
Females	...	...	...	—	2	1	4	—	—	7
				1	3	1	6	2	—	13
MENINGES AND C.N.S.										
Males	...	...	...	—	—	—	—	—	—	—
Females	...	...	...	—	—	—	—	—	—	—
				—	—	—	—	—	—	—
OTHER FORMS										
Males	...	...	...	—	—	—	1	1	—	2
Females	...	...	...	—	—	1	—	1	—	2
				—	—	1	1	2	—	4

Deaths from Tuberculosis

For the first time ever, no deaths occurred during the year due to Pulmonary Tuberculosis.

Summary of Notifications and Deaths over last 10 years

	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Notifications ...	39	38	47	23	24	22	13	11	8	17
Deaths ...	3	3	6	4	4	4	2	3	4	—

VENEREAL DISEASES

The Venereal Diseases clinic is held at "Lindum Lodge", Sewell Road, Lincoln.

During 1969, 158 Lincoln patients attended for the first time. Of these 63 were found to be suffering from Gonorrhoea, 2 from Syphilis and 93 from other venereal conditions.

The number of new cases of Venereal Disease amongst patients domiciled in the City who came under treatment for the first time during the last five years was:

				<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Total</i>
1965	..	..	..	1	23	24
1966	..	..	..	5	18	23
1967	..	..	..	1	38	39
1968	..	..	..	2	33	35
1969	..	..	..	2	63	65

I feel it is important to give separate figures for the sexes and for the year 1969, these were as follows:

				<i>Males</i>	<i>Females</i>	<i>Total</i>
Syphilis	..	..		2	—	2
Gonorrhoea		..		47	16	63

The number of cases of Gonorrhoea (63) is almost double the number in 1968 and is the highest in Lincoln since 1946, when there were 66 cases. These figures support the view that in this Country today, more people have venereal disease than at any time during the past 20 — 25 years. People of all ages and all social classes are involved, for these infections are no respecter of persons. It is the opinion of some that the increase in venereal disease among young people is because they now have greater freedom, earn higher wages and can therefore become more independent and also because contraceptives are more easily obtainable thus encouraging promiscuity. Unfortunately, if the present increase continues, the clinic facilities established to deal with the disease may be inadequate, particularly in view of the shortage of trained staff nationally and the inadequate premises available in many hospitals.

WATER

I am indebted to Mr. R. Douse, Engineer and Manager, Lincoln and District Water Board for the following brief report on the City's water supply:

"Weekly bacteriological examinations of raw water taken from the Pumping Stations have retained their usual satisfactory standard.

Regular chemical analyses of water have been made and these show very little variation from previous years.

Chlorination of the water supply has been maintained as a prophylactic measure and additional treatment has not been found necessary."

Details of the natural occurring Fluoride content in Lincoln water supply are given below:

<i>Date of Analysis</i>	<i>Fluoride as Fluorine parts per million</i>
January, 1969	0.11
June, 1969	< 0.1
July, 1969	< 0.1
October, 1969	< 0.1

REGISTRATION OF NURSING HOMES

Homes first registered during the year ..	—
Homes whose registrations were withdrawn	1
Homes on the register at end of year ..	2
Number of beds provided	
Maternity	—
Others	40

The Quarry Maternity Home, Wragby Road, which was opened in 1944 as a Maternity Home for unmarried girls, closed in November, 1969. This Home, which was administered by the Diocese of Lincoln Board for Social Work, was registered for 7 maternity beds and had accommodation for about 20 girls at any one time. These girls were usually admitted to the Home some six weeks before their confinement and remained in the Home for approximately six weeks after their babies were born. However, when the new Maternity Wing of the County Hospital was opened at the beginning of 1969, the Regional Hospital Board withdrew the financial support given in respect of the midwifery service provided at The Quarry as arrangements could be made for the deliveries to take place in hospital. This financial factor and the growing understanding during the last few years of the unmarried mother and her difficulties by parents and the community, resulting in less need for residential care of the type provided at The Quarry, finally led to its closure. Admittedly, the latest facilities for maternal care are available in hospital, but it is to be regretted perhaps that the rather special care which could be provided in a residential situation is no longer available for these particular mothers and babies.

At the end of the year, adaptations and alterations were still being carried out at 17 Lindum Terrace, but it is anticipated that this large house will be opened during the early part of 1970 as the "Monks Leys Nursing Home", having accommodation eventually for approximately 20 patients.

SECTION 47 OF THE NATIONAL ASSISTANCE ACT, 1948

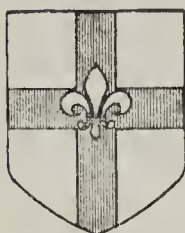
During 1969, no formal action was taken under the provisions of Section 47 of the National Assistance Act. In fact, no action has been taken under this section since 1967.

HOUSING

The total number of houses erected in the City was:

	1969	1968
(a) By the Local Authority ..	286	92
(b) By private enterprise ..	101	103
Total ..	387	195

CITY AND COUNTY
BOROUGH OF LINCOLN



ANNUAL REPORT

FOR THE YEAR

1969

BY

J. JONES, M.R.S.H., M.A.P.H.I.
Chief Public Health Inspector

The Right Worshipful the Mayor,
Aldermen and Councillors of the
City and County Borough of Lincoln.

August, 1970.

Mr. Mayor, Aldermen and Councillors,

I have pleasure in presenting the report on the work of the public health inspectors during 1969.

In January we appointed Mr. J. D. Bullimore as meat inspector at the Abattoir. Mr. Bullimore had previously served with us in a similar capacity, and we were pleased that he was able to rejoin the staff.

The position regarding meat inspection was further eased during the year when with the co-operation of the meat trade and the agreement of the Markets Department we were able to restrict animal slaughter to the five days — Monday to Friday — thus enabling the Public Abattoir to be closed on Saturday mornings and doing away with the necessity of having meat inspectors on week-end duty.

The work of dealing with unfit housing in the City continues although the number of houses dealt with by way of clearance was less than that of previous years. This was not because the problem of unfit housing had suddenly become less acute, but because the number of houses that the central government were allowing us to build to rehouse the people displaced was quite drastically cut, and for a considerable part of the year it looked as if slum clearance in Lincoln might have come to a halt. Happily the position was rectified towards the latter part of the year, and representation of unfit houses was recommenced. In December the Ministry of Housing and Local Government called for a speeding up of slum clearance from local authorities, and asked for information from them as to their proposals for the next four years. A programme has accordingly been drawn up which allows for a representation rate of approximately two hundred houses a year for the period 1970-1973. This figure of 200 is of course, geared to the number of houses which it is anticipated that we should be able to build. The question of rehousing families displaced from clearance areas is becoming a difficult one, as resistance seems to be growing to rehousing on the outskirts and more and more people are demanding that they be found accommodation nearer to the City centre. This demand is one that deserves sympathetic consideration, as these families are after all being moved compulsorily, and also there is a lot to be said for keeping the centres of our towns and cities at least partly residential. The difficulty in Lincoln is that our unfit housing tends to occur in comparatively small pockets, rather than in vast areas, and this often leaves small sites after clearance that are not easy to redevelop for housing purposes.

Although the problem of unfit housing needing to be dealt with by way of clearance is likely to be with us for some years yet, there is an increasing emphasis on improvement of existing houses to prevent them from falling into such a condition that they would eventually have to be demolished. The new Housing Act which came into force during the year as well as making more generous provision for improvement of individual houses, also envisages the setting up of improvement areas in which not only the houses will be improved, but the environment generally. Such areas will not, of course, take the place of present clearance areas, as it would be uneconomic to recondition areas of housing which are already unfit, but if this idea were vigorously pursued it could well prevent many areas becoming clearance areas in say ten or more years time. It is to be hoped that Lincoln will seriously

consider the advantages of a programme of improvement areas going forward with, and at the same time as, the slum clearance programme.

With the 1969 Housing Act in mind, a "Better Homes" exhibition was staged in May at Newland Congregational Church Hall. There were various trade stands and a large local government stand which was prepared and manned by the Public Health Inspectors, the Building Inspectors and the Department of Planning and Architecture. Although the emphasis was mainly on house improvement, opportunity was also taken to stage exhibits on the subject of clean air.

I have referred in the body of the report to the position regarding clean air in Lincoln, with particular reference to smoke control. In the latter half of the year there have been some disturbing reports nationally of a probable shortage of solid smokeless fuel. This is due to the closing down of gasworks, mainly because of the advent of North Sea Gas and the consequent phasing of gas coke out of production. This development has obviously been on the way for some time, but owing to what appears to be a lamentable lack of foresight on the part of those responsible in Central Government, plans have not been made to deal with it in time. It looks as if domestic smoke control may be in for a setback — at least in some areas of the country — and plans for further extensions may have to be temporarily delayed.

In the case of the new smoke control areas, an ever increasing proportion of the occupants opt for gas, electric or oil heating, so the position is not likely to be so serious in these as in the older areas which depended so greatly on solid fuel. I am convinced that this set back is only a temporary one, as vigorous efforts are now being made to remedy the situation, but these will necessarily take time, and in the meantime the solid smokeless fuel position could become very difficult. As far as Lincoln is concerned we seem to have adequate supplies at present, but the situation could well change after April, 1970, when the local gas works go out of production. The situation will be watched very closely, and the fullest liason maintained with the N.C.B. and the fuel trade to do everything possible to maintain sufficient supplies locally.

The position with regard to Offices and Shops gives some cause for satisfaction, in that out of 558 detailed inspections, it was only necessary to write to employers in thirteen cases. This shows that in the overwhelming number of premises, conditions were either satisfactory, or infringements were of such a minor nature that they could be dealt with verbally at the time of visit. It may be of interest to record that now the Post Office has ceased to be a government department, the enforcement of the Act in their quite sizeable premises in Lincoln is now a responsibility of the public health inspectors.

In conclusion, I would like to pay tribute to the loyal help I have had from all the staff, and to the co-operation I have received from the staffs of other Corporation departments.

I would also thank the Medical Officer of Health and the Chairman and members of both the Health and Housing Committees for the support they have given to the public health inspectors and myself.

J. JONES,

Chief Public Health Inspector.

PUBLIC HEALTH INSPECTION OF THE AREA

The Public Health Inspectors are responsible for the administration of certain parts of the various Public Health and Housing Acts and the following other Acts and Regulations made thereunder:

Agricultural Produce (Grading and Marking) Act, 1928.
 Agriculture (Safety, Health and Welfare Provisions) Act, 1956
 Caravan Sites and Control of Development Act, 1960 (Parts)
 Clean Air Acts, 1956 and 1968
 Factories Act, 1961
 Fertilisers and Feeding Stuffs Act, 1926
 Food and Drugs Act, 1955
 Trade Descriptions Act, 1968 (foodstuffs)
 Noise Abatement Act, 1960
 Offices, Shops and Railway Premises Act, 1963.
 Pet Animals Act, 1951
 Prevention of Damage by Pests Act, 1949
 Rag Flock and Other Filling Materials Act, 1951
 Rent Act, 1957
 Shops Act, 1950
 Slaughterhouses Act, 1958
 Slaughter of Animals Act, 1958

General Inspections

No. of visits

DWELLINGHOUSES AND PUBLIC HEALTH MATTERS

Re defects, nuisances, etc.	..	..	..	..	..	1189
Disinfections carried out	..	..	..	..	..	6
Housing Act, 1957	..	..	..	..	..	792
Disinfestation	..	..	..	..	..	426
Treatments carried out	..	..	..	..	..	221
Water Supply	..	..	..	..	..	43
References to Water Board	..	..	..	..	..	8
Improvement Grants	..	..	..	..	..	186
Dangerous structures, references to City Engineer	..	..	..	..	..	8
Rent Act	..	..	..	..	..	2
Infectious diseases — enquiries	..	..	..	..	..	333
— re specimens	..	..	..	..	..	208
Dustbins	..	..	..	..	..	88
Houses in multiple occupation	..	..	..	..	..	16
Overcrowding	..	..	..	..	..	8
Accumulations	..	..	..	..	..	155

DRAINAGE

No. of visits	..	..	..	..	..	1172
References to City Engineer	..	..	..	..	..	152

OTHER PREMISES

Factories — Mechanical	..	..	..	..	..	205
Non-Mechanical	..	..	..	..	..	2
Building and Engineering works	..	..	..	..	..	11
Caravan sites	..	..	..	..	..	20
Moveable dwellings	..	..	..	..	..	13
Hairdressers	..	..	..	..	..	30
Interviews	..	..	..	..	..	945

No. of visits

Offensive trades	9
Offices, Shops and Railway Premises Act	672
Pet animal shops	9
Plots of waste land	49
Rodents and other pests	86
Public conveniences	22
Schools	3
Swimming Baths	186
Places of public entertainment	8
Unclassified	916

ATMOSPHERIC POLLUTION

No. of observations	66
Visits to boiler houses	43
Visits to atmospheric pollution stations	863
Other visits	112

SMOKE CONTROL AREAS

Survey visits	34
Contravention visits	76

MISCELLANEOUS

Gas —	6
„ — references to Gas Board	3
Noise abatement	97

UNFIT DWELLINGHOUSES

No. of dwellinghouses inspected under Sections 17 or 42 of the Housing Act, 1957	257
No. of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	95
No. of dwellinghouses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	91

REMEDY OF DEFECTS

No. of dwellinghouses rendered fit in consequence of informal action by the Local Authority	60
---	----

Works carried out by service of Statutory or Informal Notice**HOUSES****Repairs to:**

Roofs	18
Spouts and fallpipes	24
External walls	20
Chimneys	9
Internal wall and ceiling plaster	31
Damp walls	22
Doors	8
Windows	39
Floors	14
Fireplaces	1
Staircases	3
Sinks and wastepipes	5
Yard or passage paving	4

DRAINAGE

No. of drains tested	..	..	..	..	..	..	82
No. of drains cleared	..	..	..	..	..	..	229

WATERCLOSETS

Repaired	36
----------	----	----	----	----	----	----	----

Offensive Trades

The following offensive trades were carried on in the City with the consent of the Council:

Rag and Bone Dealer	..	..	..	..	..	..	1
Tripe Boiler	..	..	..	..	..	..	1

The trades were carried on in conformity with the byelaws.

Provision of Dustbins to Private Premises

Since 1953 the Council have operated Section 75(3) of the Public Health Act, 1936 whereby they undertake to provide and maintain dustbins for the reception of house refuse at an annual charge not exceeding 7/6 in respect of each dustbin provided and recovered as part of the general rate in respect of the premises for which the dustbin has been provided.

During the year 28 dustbins were provided and 65 were renewed.

Housing Act, 1957 and Public Health Acts**INFORMAL AND STATUTORY NOTICES SERVED**

Informal Notices outstanding December, 1968	..	..	55
Informal Notices served 1969	..	..	71
Informal Notices complied with 1969	..	..	98
Informal Notices outstanding December, 1969	..	..	28
Statutory Notices outstanding December, 1968	..	..	13
Statutory Notices served 1969	..	..	26
Statutory Notices complied with 1969	..	..	33
Statutory Notices outstanding December, 1969	..	..	6
No. of complaints received and recorded at the Health Department	..	..	863

Local Land Charges

1,510 enquiries were received from the Town Clerk's Department in connection with requisition for a search under the Land Charges Act, 1925.

Clearance Areas, Demolition and/or Closing Orders

No. of demolition orders made	..	..	16
No. of closing orders made	..	..	6
No. of buildings closed	..	..	6
No. of houses included in Clearance Areas demolished	..	285	
No. of houses represented in Clearance Areas	..	73	
No. of Clearance Areas represented	..	4	

Rent Act, 1957

There were no applications for Certificates of Disrepair. One application for cancellation of a Certificate was granted.

Action under Statutory Powers

Housing Act — No. of dwellinghouses in respect of which notices were served requiring repairs	6
No. of dwellinghouses in which defects were remedied after service of formal notices	
(a) by owners	—
(b) by local authority	3
Public Health Act — No. of dwellinghouses in respect of which notices were served requiring defects to be remedied	18
No. of dwellinghouses in which defects were remedied after service of formal notices:	
(a) by owners	10
(b) by local authority	16

Fertilisers and Feeding Stuffs Act, 1926

Fifteen samples were taken under the provisions of the above Act. This is a decrease of ten on the previous year and is due to the increased cost of analysis.

The samples consisted of six formal samples of Feeding Stuffs and nine of Fertilisers. All were satisfactory.

Agricultural Produce (Grading and Marking) Act, 1928

Appropriate steps were taken to acquaint shopkeepers and market traders with the requirements of the above Act during visits to their premises.

Trade Descriptions Act, 1968

This Act is administered by the Public Health Inspectors, in so far as it concerns foodstuffs, and a constant check is made on food displayed for sale to see that the Act is complied with. During the year 1,488 visits were made for this purpose.

Rag Flock and other Filling Materials Act, 1951

Five premises are registered under the above Act. During the year 3 samples of filling materials were submitted for examination. One of the samples was unsatisfactory. Representations were made to the manufacturers of the material concerned and arrangements made for its withdrawal.

Pet Animals Act, 1951

During the year seven pet animal shops were licensed after an inspection in each case to see that the premises complied with the Act, and further routine inspections were carried out in the course of the year.

Agriculture (Safety, Health and Welfare Provisions) Act, 1956

No action was found necessary during the year.

Caravan Sites and Control of Development Act, 1960

The only registered site in the City continues to be run and maintained in a satisfactory manner.

In addition to this residential site, there is a recreational caravan site in Hartsholme Park and a small Caravan Club site on Nettleham Road. Both of these appeared to be satisfactory during the year.

The Minister has not yet brought into force Part II of the Caravan Sites

Act, 1968, which puts an obligation upon County and County Borough Councils to provide sites for the use of gypsies, but it is anticipated that this will probably be done next year. At present, the legal position is not very satisfactory. A local authority which has a problem of unauthorised camping by gypsies, with its attendant public health hazards, is not in a strong position to do much about it. When the new Act comes into force, however, and a site is provided, the authority will be able to require gypsies and other such nomadic peoples to use either the site provided, which can be properly supervised, or to move on out of the district.

There is no doubt that the amount of unauthorised camping by gypsies in the City is on the increase, and in order to ascertain the extent of this, a census is being taken by the police of the numbers of travellers frequenting the City area and that of Lindsey County Council. This census is being taken over a period of one year from April 1st. and it is hoped that this will give us more accurate information than we have at present both on the size of the problem and the need for providing a permanent site or sites.

Swimming Baths

The four swimming baths attached to schools and the open air public bath have been visited regularly while in use and the water tested.

Swimming is popular in the City and there is no doubt that there is a lack of facilities for this form of recreation. This imposes a strain on existing resources which is particularly evident at Westgate School and, to a lesser extent, at South Park High School. The results of bacterial examination of the waters would appear to support this. On seven occasions Westgate School bath has had high bacterial counts compared with two at South Park High School, one at Lincoln School and one at Skellingthorpe Road Junior School. During the height of the bathing season one sample from Boultham Baths was reported as "doubtful" and one from the paddling pool was "unsatisfactory".

Westgate School bath was again very popular during the school holidays as was the one at Skellingthorpe Road Junior School, where parents and the caretaker provided the necessary supervision.

299 samples were taken during the year and submitted to the Public Health Laboratory for bacteriological examination. This is an increase of 42 on the previous year and is due to further checking after unsatisfactory samples. Apart from these samples commented upon above the remainder were satisfactory.

Offices, Shops and Railway Premises Act, 1963

There are at present 971 registered premises in which this Act is enforced by the public health inspectors. During the year 558 of these received a general detailed inspection, and a total of 662 visits were made under the Act.

On the whole, co-operation from the employers in seeing that the necessary standards were maintained has been good. It was only necessary to write to employers on thirteen occasions and the following list showing the main contraventions and the number of premises concerned may be of interest.

Lack of cleanliness	..	..	..	..	..	..	6
Failure to maintain satisfactory temperatures	..	..	..	..	..	..	4
Unsatisfactory sanitary accommodation	..	..	..	..	..	..	4
Unsatisfactory washing facilities	..	..	..	..	..	..	4
Unsatisfactory ventilation	..	..	..	..	..	..	8
Lack of first aid equipment	..	..	..	..	..	..	4

Altogether 61 contraventions of the Act were discovered which compares very favourably with last year's total of 122, particularly as last year slightly fewer visits (643) were made.

It is a requirement of the Act that all accidents occurring on registered premises involving either death or the absence of any person from duty for three days or more be reported to the local authority and the investigation of such accidents is one of our duties. Only 17 notifications were received during the year, which would be a matter for congratulation if it could be thought that this figure represented anything like the true number of accidents that actually occurred. Unfortunately it is almost certain that many more accidents happen than were ever reported. Those that were reported were investigated as necessary and it appears that falls of persons were the main cause of accidents, with the use of hand tools as the second largest cause.

Shops Act, 1950

The Offices, Shops and Railway Premises Act now covers the health and welfare of shop employees, and the Shops Act now only deals with such matters as permitted days and hours of opening and the employment of young persons. 245 visits were made to shop premises during the year in connection with this Act.

Clean Air Act, 1956

Measurements of smoke and sulphur dioxide continue to be made with the five volumetric instruments, the results being sent each month to the Ministry of Technology. The figures are set out below, and it is rather disappointing to have to record that there is a small, but definite increase in both of these pollutants on the figures for 1968. Weather conditions may have something to do with this, but even if the increase in itself is not considered to be of great importance, it shows that we are no longer making progress. The Warren Spring Laboratory of the Ministry recently reported that figures for smoke pollution for the country as a whole had gone down by 60% since 1951 and certainly since we started to keep records in 1962 there has been a considerable reduction. However, for the last few years we have failed to make any further inroads into the levels of pollution, which as far as smoke is concerned are considerably worse in Lincoln than those existing in greater London.

The above facts again emphasise, if emphasis were needed, the importance of going ahead with smoke control areas. Unfortunately, due to delays beyond the control of the Health Committee or this department, it was not possible to bring the Hartsholme Smoke Control Area into force in September as originally intended, and its new date of coming into force will be April, 1970. At the end of the year, a further extension of smoke control into the Swanpool Estate was awaiting Ministry approval, and this will, if approved, bring the total area under smoke control in Lincoln to 2,227 acres and include over 2,600 houses.

The Clean Air Act, 1968 came into force during this year. This gives local authorities stronger powers to deal with some aspects of industrial pollution, particularly in regard to prior notification of the installation of furnaces and the height of chimneys. There is also power to deal with coal merchants who persist in selling coal in smoke controlled areas. Power is also given to the Minister of Housing and Local Government to direct local authorities to make such areas.

Industrial smoke has not given rise to any great problems during 1969, and the department continues to receive good co-operation generally from local industry.

Nineteen notifications of new fuel burning installations were received, and prior approval was given in nine cases. 13 chimney heights were notified and approved.

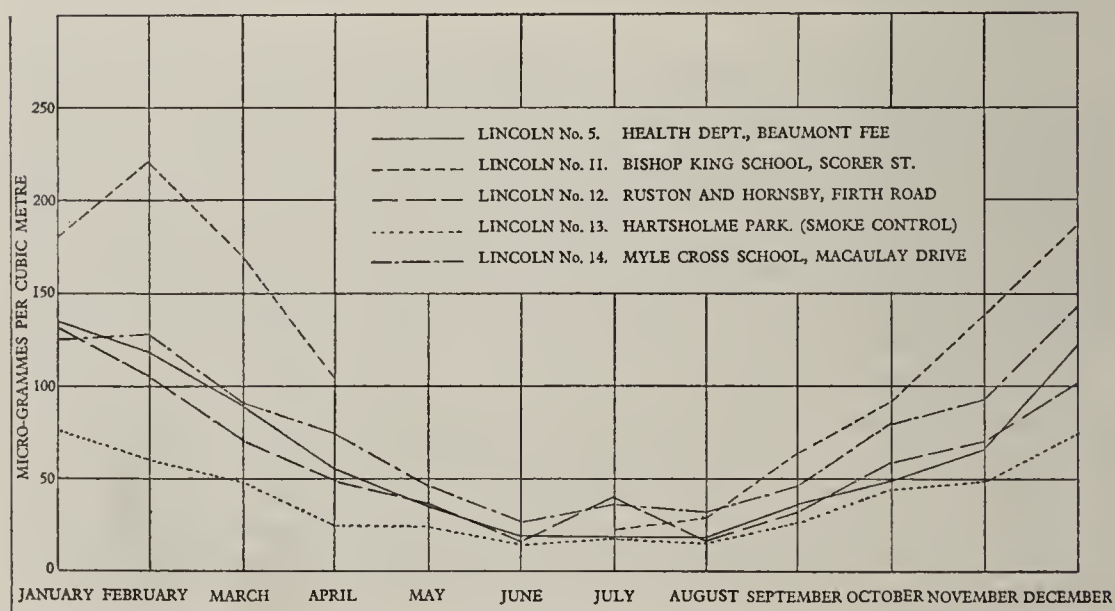
At the Lincoln College of Technology a course for the Diploma in Air Pollution Control of the Royal Society of Health was organised, the lectures being given by public health inspectors from Lincoln and North Kesteven.

SMOKE CONCENTRATION

Micrograms per cubic metre

Month	Station Number						
			5	11	12	13	14
January	139	180	131	75	125
February	118	221	104	60	127
March	90	169	70	48	91
April	56	105	49	24	74
May	34	—	36	23	45
June	18	—	16	14	26
July	18	22	38	17	35
August	18	27	17	15	30
September	36	63	32	25	44
October	49	91	58	43	78
November	65	136	68	48	92
December	122	187	102	74	142

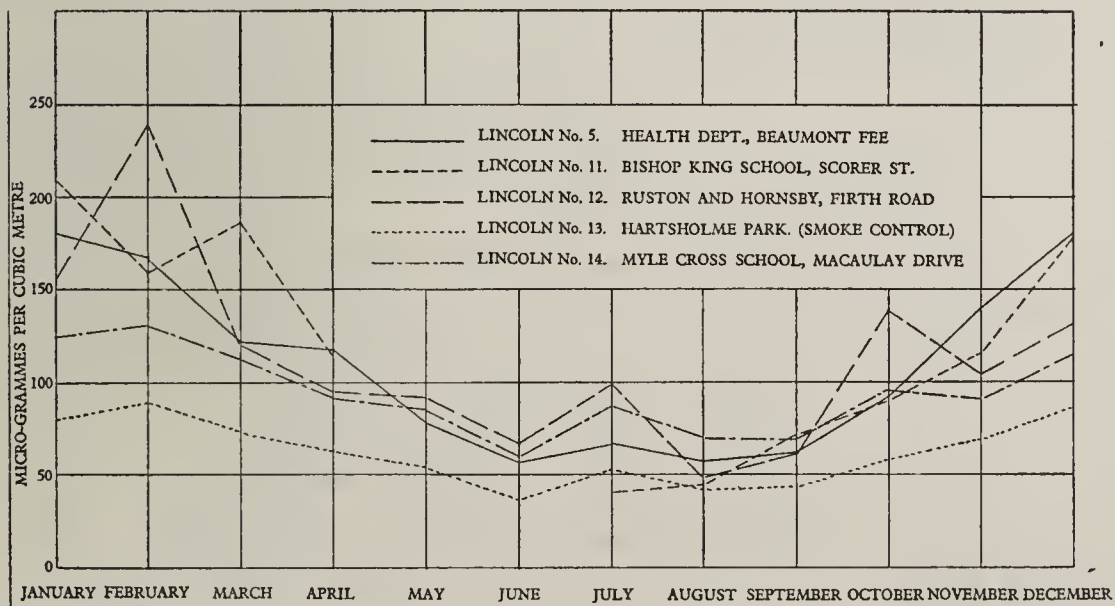
SMOKE POLLUTION RESULTS SHOWING MONTHLY CONCENTRATIONS



SO₂ CONCENTRATION*Micrograms per cubic metre**Month**Station Number*

			5	11	12	13	14
January	..	..	179	209	153	79	124
February	..	..	167	159	188	88	130
March	..	..	122	186	118	72	112
April	..	..	117	114	94	62	90
May	..	..	77	—	90	53	84
June	..	..	55	—	66	35	58
July	..	..	66	40	98	52	86
August	..	..	57	44	48	41	68
September	..	..	62	71	60	43	68
October	..	..	92	91	78	57	95
November	..	..	139	114	103	69	89
December	..	..	180	177	131	86	114

SULPHUR DIOXIDE RESULTS
SHOWING MONTHLY CONCENTRATIONS



FACTORIES ACT, 1961

Part I of the Act

INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH:

<i>Premises</i>	<i>Number on Register</i>	<i>Number of</i>		
		<i>Inspections</i>	<i>Written notices</i>	<i>Occupiers prosecuted</i>
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	13	2	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	291	205	9	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	5	11	—	—
TOTAL	309	218	9	—

CASES IN WHICH DEFECTS WERE FOUND:

<i>Particulars</i>	<i>Found</i>	<i>Number of cases in which defects were found</i>			<i>Number of cases in which prosecutions were instituted</i>
		<i>Remedied</i>	<i>Referred to H.M. Inspector</i>	<i>by H.M. Inspector</i>	
Want of Cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
Insufficient	—	—	—	—	—
Unsuitable or defective	16	8	—	1	—
Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
TOTAL	16	8	—	1	—

Part VIII of the Act—(Sections 110 and 111)

OUTWORK:

<i>Nature of Work</i>	<i>No. of out-workers in August list required by Section 110 (1) (c)</i>	<i>No. of cases of default in sending lists to the Council</i>	<i>No. of prosecutions for failure to supply lists</i>	<i>No. of instances of work in unwholesome premises</i>	<i>Notices served</i>	<i>Prosecutions</i>
Wearing Apparel Making, etc.	1	—	—	—	—	—

Prevention of Damage by Pests Act, 1949 (Copy of Return sent to Ministry of Agriculture, Fisheries and Food)

Properties other than Sewers	Type of Property	
	<i>Non Agricultural</i>	<i>Agricultural</i>
1. Number of properties in district ..	32,662	50
2. (a) Total number of properties (including nearby premises) inspected following notification	1,095	—
(b) Number infested by (i) Rats ..	582	—
(ii) Mice ..	83	—
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification ..	8,709	—
(b) Number infested by (i) Rats ..	18	—
(ii) Mice ..	2	—
Sewers		
4. Were any sewers infested by rats during the year?	Yes	

FOOD AND DRUGS ACT, 1955

Inspections of Food Premises

Bakehouses	61
Bakers & Confectioners	65
Butchers	258
Cafes	166
Canteens — Factory	41
School	88
Chemists	12
Dairies	220
Delivery Vehicles	5
Fish Shops (Wet)	53
Fish Shops (Fried)	83
Food Factories	26
Food Inspections other than meat	10185
Greengrocers	83
Grocers and General Provisions	549
Hotel Kitchens	32
Ice Cream Shops	248
Licensed Premises	134
Markets	102
Meat Vans	213
Milk Shops	178
Mobile Shops	80
Poultry Processing	228
Slaughterhouses — Public	774
Private	836
Snack Bars	53
Social clubs	12
Stalls	2199
Sweet Shops	78
Wholesale warehouses	161

Food Poisoning

Food poisoning and suspected food poisoning investigations	51
Clinical specimens submitted for bacteriological examination	77

Food Hygiene Regulations, 1960

The number of food premises in the City by type of business is as follows:

Bakers and Pastrycooks	20
Confectioners	101
Butchers	74
Fishmongers	11
Fried Fish Shops	40
Bar B.Q.	1
Cafes, Restaurants and Snack Bars	49
Public Houses	86
Hotels	12
Wine and Spirit Merchants	40
Greengrocers and Fruiterers	54
General Grocers	202
Chemists and Drug Stores	25

As a result of continued routine inspection of food premises in the City the following improvements were made:—

Food rooms cleaned and redecorated	23
Walls and ceilings replastered	2
Roofing repairs	1
Equipment cleaned or renewed	9
Protection of food from risk of contamination	6
Hot water provided	6
Complete hand washing facilities provided	10
Intervening ventilated space provided	2
Sanitary convenience provided	2
Ventilation improved	4
Sinks provided or renewed	1
Floors repaired	3
First aid equipment provided	2
Lighting improved	6
Suitable and sufficient locker accommodation provided	3

Courses for food handlers are given by the public health inspectors at the Lincoln College of Technology. These consist of general instruction in clean and safe food handling but the syllabus is so designed that students can, if they wish, take the examination in food hygiene and the handling of food of the Royal Institute of Public Health and Hygiene. In addition short courses, talks and film shows have been given to personnel employed in food businesses, and to other interested organisations.

Food Samples

241 samples of food and drugs were procured and submitted to the Public Analyst who certified 225 samples genuine and 16 samples adulterated or otherwise giving rise to irregularity. The number of samples submitted per 1,000 population was 3.18.

The details of the samples procured and number adulterated or otherwise giving rise to irregularity and the administrative action taken are given below:

<i>Nature of Sample</i>	<i>Formal</i>	<i>Informal</i>	<i>Genuine</i>	<i>Adulterated</i>	<i>Total</i>
Milk	-	164	152	12	164
Chicken Pasties	-	1	1	-	1
Butter Puffs	-	1	1	-	1
Butter Eccles Cakes	-	1	1	-	1
Butter	-	1	1	-	1
Chicken Breast in Mayonnaise	-	1	1	-	1
Crab Paste	-	1	1	-	1
Pork Sausage	1	15	14	2	16
Beef Sausage	-	9	9	-	9
Prunes	-	1	1	-	1
Processed Cheese	-	1	1	-	1
Pineapple Milk Shake Syrup ..	-	1	1	-	1
Chicken Breast in Jelly	-	1	1	-	1
Whipped Kreemy Bons Bons ..	-	1	1	-	1
Dream Topping	-	1	1	-	1
Tin Spanish Tomatoes	-	1	1	-	1
Vegetable Oil	-	1	1	-	1
Lard	-	1	1	-	1
Quick Dried Sliced Onion	-	1	1	-	1
Creamed Rice Pudding	-	1	1	-	1
Vegetable and Lamb Baby Food	-	1	1	-	1
Chicken Curry	-	1	1	-	1
Cockles	-	1	1	-	1
Iced Gem Biscuits	-	1	1	-	1
Chicken Stock Cubes	-	1	1	-	1
Boned Chicken in Jelly	-	1	1	-	1
Canadian Cheddar Cheese	-	1	1	-	1
Potted Beef	-	1	1	-	1
Salmon Spread	-	1	1	-	1
Chicken Spread	-	1	1	-	1
Tasty Grills	-	1	1	-	1
Sultanas	-	1	1	-	1
Soy Sauce	-	1	1	-	1
'Rifle Shot' Sweets	-	1	1	-	1
Real French Mayonnaise	-	1	1	-	1
Stewed Steak with Gravy	-	1	1	-	1
Butter Drop Sweets	-	1	1	-	1
Pure ground Almonds	-	1	1	-	1
Real Lemon Juice	-	1	1	-	1
Ground Rice	-	1	1	-	1
Rose Hip Syrup	-	1	1	-	1
Fresh Cream	-	3	3	-	3
Minced Steak and Onions in					
Gravy	-	1	1	-	1
Irish Stew	-	1	1	-	1

Name of sample				Formal	Informal	Genuine	Adulterated	Total
Fruit Cake Mixture	..	..	..	-	1	1	-	1
Bean Sprouts	..	..	..	-	1	1	-	1
Cranberry Sauce	..	..	..	-	1	1	-	1
Whisky	..	..	..	2	-	2	-	2
Rum	..	..	..	1	-	-	1	1
Gin	..	..	..	1	-	1	-	1
Chicken Fritters	..	..	..	-	1	-	1	1
Vodka	..	..	..	1	-	1	-	1
				6	235	225	16	241

Samples Adulterated or otherwise giving rise to irregularity

(a) Administrative Action Taken

Of the 16 samples adulterated or otherwise giving rise to irregularity 1 was taken formally and 15 informally.

(b) Legal Proceedings

No legal proceedings were taken.

(c) Informal Action

1. Milk. Informal sample contained 8.27% of milk-solids other than milk-fat. Freezing Point (Hortvet) minus 0.517°C showed the presence of added water. The matter was investigated and a subsequent informal sample was taken and proved genuine.
2. Milk. Informal samples were taken from a producer and found to contain 8.44% and 8.13% of milk-solids other than milk-fat respectively. The samples were deficient in milk-solids other than milk-fat and the Freezing Points showed the presence of added water. The matter was investigated and a subsequent informal sample was taken and proved genuine.
3. Chicken Fritters. This informal sample contained only 28.1% of meat and as samples should contain not less than 35% of meat the sample was deficient in meat 19.7%. The matter was taken up with the manufacturers.
4. Pork Sausages. This informal sample contained 63.8% of meat, thus the sample was slightly deficient in meat content. The matter was taken up with the manufacturers.
5. Milk. Informal samples were taken from a producer and found to contain 2.75% and 2.92% of milk-fat respectively, this being deficient in milk-fat. Investigation appeared to indicate dietary problems and a further sample was taken and found to be satisfactory.
6. Milk. This informal sample contained only 2.37% of milk-fat, the sample was therefore deficient in milk-fat to the extent of 21%. A subsequent sample from this producer was found to be satisfactory.
7. Milk. This informal sample contained 2.51% of milk-fat and the sample was therefore deficient in milk-fat to the extent of 16.3%. A subsequent sample was found to be satisfactory.
8. Milk. Informal samples were taken from a producer and found to be deficient in milk-fat to the extent of 8.6% and 9% respectively,

The milk-fat content being 2.74% and 2.73% respectively. Subsequent samples taken from the same producer were found to be satisfactory.

9. Milk. An informal sample containing 2.86% of milk-fat was found to be deficient in milk-fat to the extent of 4.6%. A further sample was taken from this producer and found to be satisfactory.
10. Milk. An informal sample contained 2.83% of milk-fat and was found to be deficient in milk-fat to the extent of 5.6%. A subsequent sample taken was found to be satisfactory.
11. Milk. An informal sample taken was found to contain 2.76% of milk-fat, the sample being deficient in milk-fat to the extent of 8%. A subsequent sample was found to be genuine.
12. Rum. A formal sample of rum was found to contain only 69.5% of proof spirit instead of 70% and was thus slightly deficient. The matter was taken up with the suppliers.
13. Pork Sausage. An informal sample contained not more than 56.7% of meat and was thus deficient in meat to the extent of 12.7%. A warning was issued to the manufacturers and a subsequent sample was found to be genuine.

Offences other than those indicated by sampling

Legal Proceedings

Food and Drugs Act, 1955

1. Sold a slice loaf containing a piece of metal. Fined £15 5s. 0d.
2. Sold bacon containing mouse droppings. Fined £12.
3. Sold a sliced loaf containing a piece of metal. Fined £25.

Food Hygiene (General) Regulations, 1960

1. Sanitary conveniences not kept clean. Fined £12.
2. Food room not kept clean. Fined £12.
3. Infestation of mice in food room. Fined £12.
4. Food equipment not kept clean. Fined £12.

Milk and Dairies Regulations, 1957

Reg. 27. Failed to ensure that a pint bottle used for containing milk was immediately before use in a state of thorough cleanliness. Fined £15 5s. 0d.

Informal Action

The presence of foreign bodies was the chief cause of complaint about foodstuffs during the year.

53 complaints were received about the condition of foodstuffs, of these 25 related to foreign bodies, 15 to mould, 10 to fitness of the food and the remaining 3 to dirty containers. Four of the complaints resulted in legal action being taken and details of the cases are given above. Many complainants were reluctant to be involved in legal proceedings and about half requested that no formal action be taken. Indeed in some cases, it would be virtually impossible, for many reasons, to take such action successfully. Nevertheless

efforts were made to improve food hygiene practices by giving advice to try and prevent similar occurrences in the future. Details of the complaints are as follows:

1. Five complaints were received about the condition of milk bottles. One contained part of a white plastic spoon, another a small piece of glass and the remainder had dirt marks on the interior of the bottles. Warnings were issued and in the case of one dirty bottle a prosecution followed.
2. The fifteen articles of food affected with mould ranged from fish cakes, beetroot, 2 cornish pasties, fruit cake, pork pie, 2 bread loaves, a malt loaf, a jar of jam, 3 steak and kidney pies, an apple puff to crumpets. Torn wrappings, incorrect stock rotation, difficulty in establishing where the fault lay and unwillingness of complainants to be involved in legal proceedings had to be considered in dealing with these cases. Appropriate action was taken wherever possible.
3. Bristle in almond slice. Examination indicated that the bristle came from the type of brush used to grease baking trays. Bakery advised to exercise more care in the inspection of the brushes.
4. Bread cake containing piece of sticking plaster. Different colour from the type of plaster in use at the bakery. Investigation appeared to indicate that one of the individuals engaged on bread machine was responsible, but he denied it. Warning issued.
5. Milk roll containing piece of cardboard. Examination showed that cardboard seemed to have come from one of the cartons containing packets of yeast. Arrangements made for improvements in methods of storage of ingredients in this area of the bakery. Warning given.
6. Complaint of "burning taste" in milk. Laboratory examination two days later did not support the allegation. Tasting tests at the time of complaint did not indicate any abnormality, but those carried out during the laboratory examination showed that "souring" had commenced. No further action.
7. Packet of oats smelling strongly of paraffin. Investigation failed to reveal where the contamination took place, although there appeared to be a strong possibility that it occurred due to faulty conditions in transit. Complainant reimbursed.
8. Tin of corned beef found on opening to have rust on the interior of the can and discolouration of the meat. Visual examination of remaining stock did not reveal anything untoward on the exterior of the cans, but the contents were found to be similar to that of the one complained of. Stocks withdrawn and complainant recompensed.
9. Packet of fish fingers, the end of which was burned. Burn extended to the inside of the packet and appeared to have been caused by an overheated sealing iron. Matter taken up with the producers who replaced the packet.
10. Sour taste of a steak and kidney pie. Bacteriological examination of the remainder of the pie was inconclusive. The coding showed that the pie had been baked 4 days prior to purchase and was said to have been held under refrigeration at a controlled temperature of 45°F. Complainant unwilling for formal action to be taken and satisfied with being reimbursed.

11. Spent match stick embedded in scone. Enquiries showed that one of the staff in the bakery appeared to have been careless in disposing of match used for lighting the gas appliances. Warning given.
12. Hair on the surface of a danish pastry. It appeared that the hair may have come from the brush used for glazing. Warning given.
13. Stale condition and peculiar taste of "plum" bread. Complaint did not appear to be justified. "Tasters" enjoyed the bread and found nothing abnormal! The firmness of this type of loaf had misled the complainant into thinking that it was stale. The stock at the shop concerned was found to be satisfactory and a high standard of hygiene was maintained.
14. Slices of bread containing dark foreign body. Examination showed that the substance was burnt dough. Matter taken up with the bakery.
15. Orange with 'black centre'. The orange appeared to be perfectly normal on the skin and was otherwise in a satisfactory condition. A check on the vendor's stock revealed nothing untoward. It would seem that the condition arose during the growing period. Orange replaced.
16. Tin of stewed steak containing grey, gritty particles. Laboratory examination showed they were completely organic and that there was no metal other than sodium present. An unexplainable occurrence. Complainant recompensed.
17. Three complaints of chocolate bars and coated biscuits being infested with larvae of cocoa moths were referred to the department. Infestations of this pest do occur, particularly where there may be prolonged storage of a slow selling line. The eggs are extremely difficult to see and the infestation usually only becomes apparent when the small holes made by the larvae are seen in the foodstuff or its wrapping. Infested stocks were removed, fumigation carried out and complainants recompensed.
18. Frozen peas containing a slug. An unfortunate incident which occurred in spite of the most elaborate safeguards to obviate the presence of foreign bodies. Complainant did not want the matter to be pursued and was happy to have her purchase replaced.
19. Fish fingers with small white deposits on the surface. Laboratory analysis showed the deposits were fish protein which had extruded through pin holes in the batter and crumb coating. The fish fingers were not unfit, but should have been rejected due to their unattractive appearance. Quality control inspection tightened and suitable replacement made to purchaser.
20. Blue discolouration of sausages. Sausages seemed to be normal on purchase, but blue colour appeared and spread on pricking when they were being cooked. Laboratory examination showed the dye had probably come from some type of marking device. Purchaser unwilling to give evidence so the incident closed with a refund.
21. Sausages with 'off' smell. Appeared to be a case of bad stock rotation. Warning issued and money refunded.
22. Bread loaf containing piece of string. Examination showed the string to be of the type used for fastening flour sacks. Steps taken by bakery to try and obviate further incidents.

23. Tin of imported meat containing part of a wound dressing. Matter taken up with canners who were at a loss to explain occurrence as operatives' hands were examined frequently and no-one with a dressing on or an uncovered wound was allowed to work with open food. Letter of apology and replacement goods sent to complainant by the manufacturers.
24. Ham Hock with "strong" smell and maggots. Examination of the remaining stock at the shop concerned showed it to be satisfactory. Complainant unwilling for formal action to be taken. Warning issued.
25. Sliced ham alleged to contain fly eggs. Only small particles of fat could be found on the slices. Visit to shop did not reveal anything of special note.
26. Cheese containing foreign bodies. Probably picked up from outer wrapping when cheese was being cut up into portions for retail sale. Warning to shop concerned. Complainant reimbursed.
27. Tin of stewed steak containing a piece of coarse string. Matter taken up with manufacturers who found it resembled the material from the brushing system in the can cleaning process. The Health (Prosecutions) Sub-Committee decided to send a letter of warning.
28. Ground rice containing a dead beetle (biscuit beetle). Investigation showed no evidence of insect infestation at the shop or in the bulk supply. Insect could have got into product at any time. Food replaced.
29. Dark stains in a tin of meat. The discolouration was due to natural sulphiding. Shop concerned withdrew remainder of stock from sale. Complainant reimbursed.

In addition to the normal bacteriological and biological examinations undertaken by the Public Health Laboratory, Lincoln, the following were submitted for examination and report:

Tinned corned beef, tinned apples, custard powder, baked beans, processed peas, ice, turkey and chicken, cleansing water, chickens, tap and well water and evaporated milk.

Milk Supply

Lincoln is a Specified Area in which only specially designated milk may be sold by retail.

Milk and Dairies (General) Regulations, 1959.

No. of milk distributors on the Register	..	..	..	..	138
No. of dairies on the Register	..	..	..	..	6

The Milk (Special Designation) Regulations, 1960.

No. of dealers licences to use the designation "Untreated"	2
No. of dealers (Pasteuriser's) licences	.. .. . 2
No. of dealers licences to use the designation "Pasteurised"	.. 90
No. of dealers licences to use the designation "Sterilised"	.. 105

351 samples of designated milk were submitted for examination at the Public Health Laboratory, Lincoln and passed the tests prescribed by the appropriate Regulations.

The following tables give the information in more detail:

HEAT TREATED MILK:

<i>Designation</i>	<i>No. of sam- ples</i>	<i>Passed</i>		<i>Failed</i>		<i>Passed</i>	<i>Failed</i>
		<i>Meth. Blue Test</i>	<i>Phos- phat- ase</i>	<i>Meth. Blue Test</i>	<i>Phos- phat- ase</i>	<i>Turbidity</i>	
Pasteurised	110	108*	110	—	—	—	—
Pasteurised (School)	77	76	*75	1	1	—	—
Pasteurised (Channel Islands)	98	94*	98	1	—	—	—
Sterilised	62	—	—	—	—	62	—
	347	278	283	2	1	62	—

*The overnight shade temperature exceeded 70°F and the tests were thus rendered void.

RAW MILK:

<i>Designation</i>	<i>No. of samples</i>	<i>Methylene Blue Passed</i>	<i>Failed</i>
Untreated (Farm cartoned)	3	3	—

Cream

112 samples of cream were submitted for bacteriological examination, 105 samples were satisfactory, and 7 samples unsatisfactory.

Bacteriological Examination of Milk Equipment

Regular checks were made during the year on the bacteriological condition of the equipment at the pasteurising establishments in the City and in this connection the following numbers of specimens were submitted to the Public Health Laboratory.

	<i>No. of specimens</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Milk bottles ..	627	607	20
Milk churns ..	84	78	6
Milk Plant Swabs	46	42	4
Tankers ..	53	47	6

Ice Cream

No. of premises registered for sale 283

Details of the 59 samples which were examined at the Public Health Laboratory, Lincoln are given below.

<i>Provisional Grade</i>	<i>Time taken to reduce Methylene Blue</i>	<i>No. of samples</i>
1	4½ hours or more	37
2	2½ to 4 hours	16
3	½ to 2 hours	4
4	0 hours	2

It is recommended in connection with the grading of samples that over a period 50% of a vendor's samples should fall in Grade 1, 80% into grades 1 or 2 and not more than 20% into grade 3, and none into grade 4.

Orange Drink

1 sample was examined at the Public Health Laboratory, Lincoln and was satisfactory.

Preserved Food

84 premises are registered for the preparation or manufacture of sausages or potted, pressed, pickled or preserved food, but many of these have ceased to function for the purpose for which they are registered.

Inspection of Meat

In addition to the City Abattoir there are two private slaughterhouses operating in the city. The number of food animals slaughtered at these premises was 43,434 compared with 47,754 last year, a decrease of 4,320. The number of pigs killed showed an increase, but there was a falling off in the number of cattle and sheep, particularly the latter. The following table shows the incidence of tuberculosis and other diseases in the various classes of animals:

		<i>Cattle excl. Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep</i>	<i>Pigs</i>
Number killed ..	..	5,364	52	36	12,410	25,572
Number inspected ..	..	5,364	52	36	12,410	25,572

All Diseases except Tuberculosis and Cysticercosis

Whole carcasses condemned	1	—	5	26	61
Carcasses of which some part or organ was condemned	1,652	—	1	632	3,989

Tuberculosis only:

Whole carcasses condemned	—	—	—	—	—
Carcasses of which some part or organ was condemned	—	—	—	—	512

Cysticercosis

Whole carcasses condemned	—	—	—	1	—
Carcasses of which some part or organ was condemned	10	—	—	64	—
Carcasses submitted to treat- ment by refrigeration	10	—	—	—	—

Cysticercus Bovis

Routine inspection for this disease has now been carried out for 21 years. The percentage of infestation is practically the same as last year which served only to emphasise the need for continued vigilance on the part of meat inspectors. Ten viable cysts and eighty-two degenerate ones were found. The total of ninety-two cysts indicates that a large number of cattle was exposed to this disease and underlines the need for remedial measures on the part of producers.

The following table shows the incidence of viable infection of all bovines inspected to be:—

<i>Bovines Slaughtered</i>		<i>No. infected with C. Bovis</i>		<i>No. of generalised Cases</i>		<i>Percentage infection of all Bovines</i>
<i>Cattle</i>	<i>Cows</i>	<i>Cattle</i>	<i>Cows</i>	<i>Cattle</i>	<i>Cows</i>	
5,364	52	10	—	—	—	0.18

The cysts were located in the animals as follows:—

Head	..	..	..	9
Skirt	..	..	..	1

The carcasses and remaining offal were placed in cold storage at a temperature of 20°F for 3 weeks or 14°F for two weeks in accordance with The Meat Inspection Regulations, 1963.

Degenerate cysts were also found in 82 animals located as follows:

	<i>Cattle</i>			
Head	40
Heart	41
Skirt	1

Foods Condemned

The amount of foodstuffs condemned as unfit for human consumption was:

				<i>Tons</i>	<i>Cwts.</i>	<i>Sts.</i>	<i>Lbs.</i>
Meat	..	..	..	9	19	6	9
Offals		..	..	17	12	0	9
Canned Meat		..	..	—	9	2	12
Other Canned Foods		..		2	17	7	10
Cooked Meat and Meat Products	..	..	..	—	2	6	7
Fish	..	..	..	—	—	3	0
Fruit and Vegetables		..		1	11	7	3
Poultry	..	..	..	10	19	7	7
Other Food	..	..	..	2	7	3	1
				56	1	5	2

Slaughter of Animals Act, 1958

35 licences to slaughter or stun animals in a slaughterhouse were issued.

CITY OF LINCOLN
EDUCATION COMMITTEE

ANNUAL REPORT
ON THE
SCHOOL HEALTH SERVICE
FOR THE
YEAR ENDED 31st DECEMBER, 1969

R. D. HAIGH, M.B., Ch.B., D.P.H., M.M.S.A., D.R.C.O.G., D.C.H.
*Medical Officer of Health and Principal School
Medical Officer for the City of Lincoln*

**CITY OF LINCOLN
EDUCATION COMMITTEE
YEAR ENDED 31ST AUGUST, 1969**

Chairman of the Education Committee:

Alderman S. A. CAMPBELL, F.H.A., A.C.C.S. (to May, 1969)
Alderman SIR FRANCIS HILL, C.B.E., Litt.D., LL.D. (wef. May, 1969)

Vice-Chairman of the Education Committee:

Councillor B. H. KENDALL, A.B.S. (to May, 1969)
Councillor C. R. IRELAND (wef. May, 1969)

Members of the Education Committee:

Alderman W. E. HERBERT	Councillor R. J. READ, M.B., B.Chir. (Cantab.)
Alderman S. A. CAMPBELL, F.H.A., A.C.C.S. (to May, 1969)	Councillor P. J. ROE
Alderman SIR FRANCIS HILL, C.B.E., Litt.D., LL.D. (wef. May, 1969)	Councillor A. H. TAYLOR
Alderman J. H. SPENCE (to May, 1969)	Councillor Mrs. S. J. TOWNEND
Councillor P. W. ARCHER, J.P.	Councillor Mrs. P. M. WOODS (wef. May, 1969)
Councillor R. G. BRACEY, B.Sc.	The Rt. Rev. Mgr. Canon E. H. ATKINSON, v.g.
Councillor R. CLAPHAM (to May, 1969)	The Rev. B. A. BAKER
Councillor H. EVANS (to May, 1969)	The Very Rev. THE DEAN OF LINCOLN (wef. May, 1969)
Councillor F. E. H. HORN	The Rev. Canon N. S. RATHBONE, M.A. (to May, 1969)
Councillor R. D. HORNER (wef. May, 1969)	Mr. C. T. ALDERSON (wef. November, 1969)
Councillor B. H. KENDALL, A.B.S.	Mr. D. J. LOGAN
Councillor C. R. IRELAND	Mrs. C. M. SEELY
Councillor C. S. LADMORE	Miss J. E. SKINNER, M.A.
Councillor R. M. LUCAS, B.Sc., L.I.O.B. (to May, 1969)	Mrs. M. A. TOOMER (to June, 1969)
Councillor G. A. MILLS (wef. May, 1969)	Mr. E. H. TUTTY
Councillor Mrs. A. J. NAFTALIN (wef. May, 1969)	

SPECIAL SERVICES COMMITTEE

Chairman of the Special Services Committee:

Councillor Mrs. S. J. TOWNEND

Members of the Special Services Committee:

Alderman S. A. CAMPBELL, F.H.A., A.C.C.S. (to May, 1969)	Councillor Mrs. A. J. NAFTALIN (wef. May, 1969)
Councillor R. CLAPHAM (to May, 1969)	Councillor A. H. TAYLOR (wef. May, 1969)
Councillor H. EVANS (to May, 1969)	Councillor Mrs. S. J. TOWNEND
Councillor F. E. H. HORN	Councillor Mrs. P. M. WOODS (wef. May, 1969)
Councillor R. D. HORNER (wef. May, 1969)	The Rt. Rev. Mgr. Canon E. H. ATKINSON, v.g.
Councillor C. R. IRELAND	Mr. D. J. LOGAN
Councillor B. H. KENDALL, A.B.S.	Miss J. E. SKINNER, M.A.
Councillor R. M. LUCAS, B.Sc., L.I.O.B. (to May, 1969)	Mrs. C. M. SEELY

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE

This Report gives an account of the work of the School Health Service and describes the health of the school children of the City during the year 1969. It is appropriate at this time to give an account of the changes in the School Health Service which have taken place during the decade and this appears at the end of this letter.

The school population, 13,758, was substantially the same as in the previous year.

The pattern of routine medical inspection continues as in previous years and 3,538 children were examined during 1969. 1019 defects were noted and referred for treatment; visual defects accounted for more than half of this number and the remainder were mainly orthopaedic defects and conditions affecting the ear, nose and throat. There was a decrease in the number of children found to be unduly obese — 40 children were placed in this category compared with 51 in the previous year. However, it cannot be emphasised too strongly that the problem of obesity starts long before school entry. Modern methods of baby feeding produce overweight babies who become overweight children and later become obese adults.

The annual testing of school children's vision continued. This is a very worthwhile measure and there can be very few children indeed who are in school with a significant visual defect which remains undetected for more than a few months.

Infectious diseases amongst school children were less troublesome than in recent years. The epidemic of infective hepatitis finally subsided in the summer of 1969. Precise figures of the number of cases cannot be given, as notification did not start until 1st January, 1968, but it is thought that considerably more than 500 school children were affected. Only six cases of measles were notified and this may be due to the vaccination programmes started during the previous year.

The number of children seen with scabies increased and although this is by no means a serious condition, it has considerable nuisance value and certain cases did give rise to considerable difficulty. As with head louse infestation, the individual child is relatively easy to treat but treating every member of the family gives rise to considerable difficulties and it is only by this means that complete eradication is possible.

Verruca infection also continues without apparently any sign of decrease in numbers and whilst the employment of a part-time School Chiropodist has made treatment more readily available, there has been no reduction in the overall numbers.

A part-time Speech Therapist commenced duties towards the end of 1969 and the waiting list of children which has accrued in the past few years, when no speech therapy services were available, will present a formidable problem.

The ascertainment of handicapped pupils remains one of the most important duties of the School Health Service. 44 children were ascertained during 1969 and the total number of handicapped children requiring special education at the end of the year was 215. There has been a steady increase in the number of physically handicapped children over the past few years both in the City and in the adjacent Counties and it is fortunate that the new school for physically handicapped children will be in use late in 1970.

The School Dental Service was not able to maintain an annual inspection of all school children due to staff deficiencies. The number inspected, however, 70%, compares favourably with the national average of 48.3%. Emphasis continued to be on conservative treatment and on preventive aspects of dental care. The dental health education programme will need to continue indefinitely and will have to continue to strive against parental apathy and ignorance and the whole welter of sophisticated advertising directed to the consumption of sweets by children at a very vulnerable time of life.

In 1968, the Education Committee considered the question of extending the School Health Services to the three Independent Schools in the City and decided in favour of this. This decision was implemented from 1st January, 1969.

I should like to express my appreciation of the loyal support given during the year by the staff of the School Health Service and should like to thank the Chief Education Officer and the staff of the Education Department for their helpfulness and co-operation. My thanks are also due to members of the Special Services Sub-Committee and in particular to Councillor Mrs. S. J. Townend for the keen interest shown and assistance given.

As mentioned in the first paragraph of this letter, I think the following resumé of the changes and developments in the School Health Service during the 'Sixties' may be of interest:

- 1960 Child Guidance and School Psychological Service established.
Comprehensive Audiometry Service for school children started.
- 1962 Special Class for partially hearing children attached to a Primary School started in March.
Sabin Oral poliomyelitis vaccination introduced.
Purpose-built Dental Clinic at Ravendale Clinic opened.
- 1963 Annual testing of vision of all school children started in January.
Appointment of Dental Auxiliary in September and additional Dental Officer.
- 1964 Dental Health Campaign for four months from November, 1964 to March, 1965.
- 1965 Appointment of Dental Health Education Officer and commencement of permanent Dental Health Education Service.
Purchase of vision screening apparatus and introduction thereof for vision testing in school.
- 1966 Purpose-built School for Educationally Sub-normal with Diagnostic Unit opened.
- 1967 Appointment of Health Education Officer and Health Education Programme in Primary Schools started.
Appointment of part-time School Chiropodist.
- 1968 Vaccination against Measles introduced in May.
- 1969 School Health Services extended to Independent Schools in the City.

R. D. HAIGH,

Principal School Medical Officer.

City Health Department,

Beaumont Fee,

LINCOLN.

June, 1970.

STAFF OF SCHOOL HEALTH DEPARTMENT

1969

Principal School Medical Officer:

R. D. HAIGH, M.B., CH.B., D.P.H., M.M.S.A., D.R.C.O.G., D.C.H.

Deputy Principal School Medical Officer:

P. E. Elwood, M.B., B.CH., B.A.O., D.R.C.O.G., D.P.H. (Resigned 31.3.69)

School Medical Officers and Assistant Medical Officers of Health

E. G. Myra Cummings, M.R.C.S., L.R.C.P., D.P.H.

Phoebe H. Chance, M.R.C.S., L.R.C.P.

Principal Dental Officer:

G. A. Vega, B.D.S.

Dental Officers:

Mrs. D. D. Birrell, B.D.S.

J. Icton, L.D.S., R.C.S.

Dental Auxiliary:

Miss S. D. Clift (Resigned 25.7.69)

Dental Surgery Assistants:

Miss S. M. Askew

Mrs. V. Portergill

Miss P. Smalley

Mrs. M. Wallis (Resigned 12.9.69)

Dental Health Education Officer:

Mrs. J. Abell (Resigned 30.9.69)

Miss M. F. Bradley (Commenced 1.11.69)

Dental Clerk:

Mrs. P. J. Ellis

Consultant Children's Psychiatrist:

John S. Edmondson, M.B., CH.B., D.P.M.

Educational Psychologists:

C. H. Jackson, M.A., PH.D., DIP.ED., F.B.P.S.S. (Died 6.12.69)

Mrs. J. M. Hackett, B.A.(Hons.), M.B.P.S.S. (Resigned 31.10.69)

Miss E. Sanders, M.A., Dip.Ed. (Commenced 1.10.69)

Social Workers:

Miss M. B. Foster, B.A., M.A., DIP.SOC.SC. (Resigned 31.5.69)

Mrs. Y. M. Jackson

Miss E. O'Carroll, B.Sc. (Commenced 2.9.69)

Secretaries:

Miss L. C. Aylmer (Resigned 18.7.69)

Mrs. P. Carrotte

Mrs. A. Swindells (Commenced 9.9.69)

Chiropodist:

Mrs. A. D. Brown, M.CH.S. (Part-time)

Speech Therapist:

Mrs. P. Wight, Dip.I.P.A., L.C.S.T. (Commenced 16.9.69, Part-time)

Nursing Superintendent:

Miss E. M. Day, S.R.N., S.C.M., Q.I.D.N., H.V.

Senior Health Visitor/School Nurse:

Mrs. M. Martin, S.R.N., R.S.C.N., H.V.

Health Visitors/School Nurses:

Mrs. M. L. Dimbleby, S.R.N., S.C.M., H.V.

Mrs. J. Dunham, S.R.N., H.V. (Resigned 19.9.69)

Miss S. East, S.R.N., B.T.A., H.V.

Miss J. E. Green, S.R.N., S.C.M., Q.I.D.N., H.V. (Part-time)

Mrs. S. Osborne, S.R.N., S.C.M. H.V. (From 1.5.69 to 31.12.69)

Miss D. M. Palmer, S.R.N., S.C.M., H.V. (Resigned 31.12.69)

Miss J. Scott, S.R.N., H.V.

Miss A. H. Taylor, S.R.N., S.C.M., R.S.C.N., H.V.

Mrs. P. S. Trout, S.R.N., S.C.M., H.V. (Commenced 22.9.69)

School Nurses:

Miss D. A. Oliver, S.R.N., S.C.M.

Mrs. K. Pitchford, S.R.N.

Mrs. J. Pratt, S.R.N., S.C.M.

Mrs. A. Saywell, S.R.N.

Miss F. M. Shearman, S.R.F.N., S.R.N., S.C.M.

Health Education Officer:

Mrs. C. A. Hanson, S.R.N., S.C.M., H.V., C.N.N.

Lay Administrative Assistant:

J. C. Martin, A.R.S.H.

Clerk-in-Charge:

R. W. Hill

Clerks:

Mrs. B. Colam (Part-time)

Mrs. J. E. Gough (Part-time)

Miss C. Sykes

LIST OF SCHOOLS

School	No on Register January, 1970	Head Teacher
Nursery		
St. Cuthbert's	45	Miss M. R. Wilkinson (Acting)
St. Giles	43	Miss H. Church, M.B.E.
Primary		
Birchwood Infant	363	Miss Y. A. Lowe
Birchwood Middle	387	Mr. W. A. Fletcher, L.C.P.
Boultham Junior	408	Mr. K. I. Cook
Boultham Infant	127	Miss R. E. Morris
Bracebridge Infant	133	Miss J. Whiticker
Eastgate Infant and Junior Girls'	124	Miss M. B. Cullen
Ermine Infant	308	Miss J. M. Sowerby
Ermine Junior	454	Mr. J. Harrod, B.A.
Hartsholme Infant	214	Miss D. J. Neale, O.B.E.
Manor Leas Middle	323	Mr. D. J. Logan
Manor Leas Infant	384	Miss T. H. Bewley
Monks Road Junior	375	Mr. H. J. Sharman, Dip.P.Ed., J.P.
Monks Road Infant	247	Miss S. M. Walker
Moorland Primary	381	Miss S. M. Neale
Mount Street Infant and Junior Girls'	398	Miss B. M. Jubb
Our Lady of Lincoln R.C.	291	Mr. J. Brown
Skellingthorpe Road Junior	410	Mr. E. S. Wilson
St. Andrew's Infant and Junior	232	Mr. R. Shackleton
St. Botolph's Infant	114	Mrs. A. Goldsmith
St. Faith's Junior	243	Miss F. H. Bockett (Acting)
St. Faith's Infant	167	Mrs. M. Blakeman
St. Giles Junior	487	Mr. F. Pickering, L.R.A.M.
St. Giles Infant	275	Miss J. O. Yeates
St. Hugh's R.C.	298	Mr. D. V. Griffiths, A.R.C.M.
St. Martin's Infant and Junior	121	Mrs. D. P. E. M. Cook
St. Peter's Junior	218	Mr. R. S. Forbes
St. Peter's Infant	248	Mrs. K. West
Westgate Junior	313	Mr. J. Pritchard
Secondary Modern		
Bishop King	354	Mr. K. B. Whinn (Acting)
Boultham Moor Girls'	555	Miss I. Gilbert
Myle Cross Girls'	358	Miss J. K. Gentry
Rosemary	366	Mr. H. K. Lister, B.Sc.
Sincil Boys'	531	Mr. F. Bell, B.Sc.
Spring Hill	406	Miss J. P. Whiteside
St. Giles Boys'	297	Mr. L. R. W. Thake
St. Peter and St. Paul	317	Mr. T. P. Groome, B.A.
Secondary Grammar		
Christ's Hospital Girls' High	564	Miss M. Leahy, B.A.
Lincoln	502	Mr. J. C. Faull, B.Sc., A.R.C.S.
South Park High	595	Miss M. J. Widdowson, B.A.
The City	570	Mr. L. R. Middleton, M.A., B.Sc.

Special Schools

Open Air	57	Miss D. E. Willcock, J.P.
St. Christopher's	133	Mr. J. Haile

Establishments of Further Education

<i>Full-time day students</i>		<i>Principal</i>
College of Technology	148	Mr. G. A. Church, B.Sc., A.C.G.I., C.ENG., F.I.MECH.E.
College of Art	107	Mr. A. W. H. Pears, A.T.D.

STATISTICS

Population of City	.. .. .	75,570 (mid-year estimate)
*School Population (January, 1970)	.. .. .	13,758 + 318 Further Education
Number of Schools	.. .. .	44
Number of F.E. Establishments	.. .. .	2

Maintained Schools in Lincoln

Schools	No. of †Departments	Boys	No of children on roll Girls	Total
Nursery	2	51	37	88
Primary	34	4135	3834	7969
Nursery Classes Attached to Infant Schools ..	3	44	30	74
Special (Partially Hearing Unit)	1	10	3	13
Special (Children's Unit, Lawn Hospital) ..	1	8	1	9
Special (E.S.N.)	1	91	42	133
Special (Open Air) ..	1	34	23	57
Secondary Modern ..	8	1597	1587	3184
Secondary Grammar ..	4	1072	1159	2231
College of Technology ..	1	112	105	217
College of Art	1	29	72	101
	<hr/> 57 <hr/>	<hr/> 7183 <hr/>	<hr/> 6893 <hr/>	<hr/> 14076 <hr/>

* Includes children attending City Schools who reside outside the City Boundary.

† Where the same school contains more than one section these are counted as separate departments.

PROVISION OF SCHOOL MEDICAL SERVICES TO CHILDREN ATTENDING INDEPENDENT SCHOOLS IN THE CITY

There are three independent schools in the City with a total of 540 children on the rolls, plus 20 children in a Nursery Class. Approximately half of the children reside outside the City boundary.

The services of the School Health Department have not been available in the past to children attending private schools, but the Education Committee decided at the end of 1968 that the full range of medical and dental services should be provided entirely free to all school children in the City no matter which schools they attend. This decision was put into effect on the 1st January, 1969.

ROUTINE MEDICAL INSPECTION OF SCHOOL CHILDREN

The routine medical inspection of school children continues to be one of the most important aspects of the work of the School Health Service and the pattern of previous years has again been followed whereby children are examined at five, ten and fourteen years approximately. No groups of children were selectively examined during the year.

3,538 children (3,611 in 1968) were examined during the year and 1,019 (890 in 1968) defects were noted and referred for treatment.

Of the total number of defects noted during the year, visual defects accounted for 52.4% (55.4% in 1968), orthopaedic defects 11.9% (11.0% in 1968), skin defects 16.6% (15.4% in 1968), hearing defects 3.2% (2.8% in 1968) and ear, nose and throat defects 6.6% (4.7% in 1968).

Parents are invited to be present when their children are examined and parents attended with 2,679 of the 3,538 children seen during the year. This represents a percentage of 75.6, but it is interesting to note that over 90% of infants were accompanied by parents, about 80% in the junior age range and only 40% of school leavers.

Obesity is still a problem with the present day school child, although the numbers found to require treatment and observation were less than last year. The figures are as follows:

			<i>Treatment</i>		<i>Observation</i>	
			<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>
Infants	..	..	—	—	—	1
Juniors	..	..	1	2	4	14
Leavers	..	..	—	4	8	6
			—	—	—	—
Totals			1	6	12	21
			—	—	—	—
			7		33	
			—		—	

RESULTS OF INSPECTIONS

The number of defects requiring treatment at periodic inspections was 1019 compared with 890 in 1968.

				Entrants		Leavers		Others		Total	
				*T	*O	*T	*O	*T	*O	*T	O*
Skin	...	...	...	43	12	69	3	58	4	170	19
Eyes—Vision	...	...	...	50	25	195	11	150	28	395	64
Squint	...	...	...	84	15	10	—	25	3	119	18
Other	...	...	...	6	1	3	—	11	—	20	1
Ears—Hearing...	...	...	...	19	94	4	14	6	32	29	140
Otitis media	...	...	...	2	20	—	—	—	9	2	29
Other	...	...	...	1	—	—	1	1	1	2	2
Nose and Throat	...	...	...	41	92	10	5	17	29	68	126
Speech	...	...	...	18	44	—	—	—	1	18	45
Lymphatic glands	...	...	...	—	29	—	—	1	7	1	36
Heart	...	...	...	7	10	2	5	1	7	10	22
Lungs	...	...	...	15	39	2	13	6	24	23	76
Development											
Hernia	...	...	...	7	5	—	—	3	—	10	5
Other	...	...	...	4	51	1	—	5	27	10	78
Orthopaedic											
Posture	...	...	...	—	—	7	—	1	1	8	1
Feet	...	...	...	44	18	11	2	22	2	77	22
Other	...	...	...	30	10	—	3	7	2	37	15

		Entrants		Leavers		Others		Total	
		*T	*O	*T	*O	*T	*O	*T	*O
Nervous system									
Epilepsy	...	4	3	—	1	—	2	4	6
Other	...	—	6	—	1	1	1	1	8
Psychological									
Development	...	—	4	—	1	—	2	—	7
Stability	...	2	39	—	1	7	10	9	50
Abdomen	...	—	—	—	1	—	—	—	1
Other	...	—	—	3	10	3	20	6	30
		377	517	317	72	325	212	1019	801

*T—Defects requiring treatment

*O—Defects requiring to be kept under observation

GENERAL CONDITION OF CHILDREN

Of the total number of children examined, 0.28 per cent were classified as being medically unsatisfactory. This represents 10 children out of a total number of 3,538 who were examined.

SPECIAL INSPECTIONS

Defect or Disease				Pupils requiring treatment	Pupils requiring observation
Skin	...	...	...	2	20
Eyes—vision	...	...	...	116	14
squint	...	...	...	17	—
other...	...	...	...	3	—
Ears—hearing	...	...	...	17	30
Otitis media	...	...	...	—	—
Other	...	...	...	—	—
Nose and Throat	...	...	...	14	7
Speech	...	...	...	2	1
Lymphatic glands	...	...	...	—	1
Heart	...	...	...	1	1
Lungs	...	...	...	1	15
Development—					
Hernia	...	...	...	1	—
Other	...	...	...	2	—
Orthopaedic—					
Posture...	...	...	...	1	—
Feet	...	...	...	7	1
Other	...	...	...	6	6
Nervous system—					
Epilepsy	...	...	...	1	5
Other	...	...	...	1	—
Psychological—					
Development	...	...	...	—	1
Stability	...	...	...	9	36
Abdomen	...	...	...	—	6
Other	...	...	...	2	9
Totals				203	153

NOTES ON SPECIFIC DEFECTS

SKIN DISEASES

Apart from visual and dental defects, skin diseases are more commonly discovered at routine school medical inspections than any other defect. In addition, many children are referred directly from schools and other sources to minor ailments clinics for treatment.

Cases of verrucae are responsible for the majority of attendances at minor ailments clinics and 320 children (349 in 1968) were treated for this condition during the year. In addition 134 children (79 in 1968) were treated by the School Chiropodist. The total number of attendances made by these children for treatment was 2,485, an average of 5.4 visits per child.

Other skin diseases appear to be on the increase and 5 children were found to have ringworm of the body (1 in 1968), 27 children had scabies (3 in 1968), 15 children had impetigo (8 in 1968), and 71 children (14 in 1968) were treated for miscellaneous skin conditions.

VISUAL DEFECTS

It has been the practice in Lincoln since 1963 to carry out annual vision testing of all school children. A Keystone Vision Screening machine is used for this purpose and over the years it has proved its worth, particularly in schools where conditions are unsuitable for using the conventional Snellen chart. It is often preferable to use the Sjroger hand card or the illiterate E card for testing the vision of infants.

The following table shows the result of the year's work:

			<i>Total Tested</i>	<i>Referred for Treatment</i>	<i>For Observation</i>
Infants	..	..	1832	14	36
Juniors	..	..	2812	31	65
Seniors	..	..	3290	29	58
			<hr/>	<hr/>	<hr/>
Totals	..	..	7934	74	159
			<hr/>	<hr/>	<hr/>

The above figures do not include children tested at routine and special School Medical Inspections at which 647 children were found to have a visual defect requiring treatment and 96 were placed under observation.

The children for observation are those whose eyesight at the time of examination was not perfect, but the visual defects were not considered to be serious enough to necessitate referral to the Ophthalmic Clinic. These children are retested at frequent intervals by the School Nurses and are referred for treatment if the vision deteriorates.

The Ishihara Colour Vision Test is used for boys at the age of 10 years and any boys who are not tested at this age, are tested at the School Leavers' Inspection. The result of this test is occasionally of value in advising boys as to suitability for future employment.

Children requiring treatment are referred to the Children's Ophthalmic Clinic at the County Hospital and I am grateful to Mr. A. H. Briggs for the following report on the work of the Clinic during the year.

"I enclose a brief resumé of the statistics for the ophthalmic examinations of school children during the year 1969 as far as Lincoln is concerned at the Lincoln County Hospital Clinic.

You will observe that there has been quite a marked increase in the new

cases dealt with during the year. The old appointments have been almost exactly the same and the attendances have been of the same order as during the previous year.

It is disappointing to note that so many failures (726) have to be recorded, but of course the appointments we send are not always convenient for the parents. In many cases we are not informed in advance that the appointment is not going to be kept and it is, therefore, not possible to make it available for another child. We would be grateful if we could receive information in advance so as to utilise these opportunities to the best advantage.

I am grateful for the unfailing co-operation and courtesy of your Department throughout the year."

CHILDREN SEEN AT SCHOOL CLINICS AT LINCOLN COUNTY HOSPITAL

							1969	1968
New Cases:								
Sent for	..	..	..	..	..	..	440	387
Attended	..	..	..	..	..	..	347	302
Failed	..	..	..	..	..	..	93	85
Old Cases:								
Sent for	..	..	..	..	..	..	2504	2507
Attended	..	..	..	..	..	..	1778	1843
Failed	..	..	..	..	..	..	726	664
Discharged	..	..	..	..	..	..	223	262
Complete pairs of single Glasses prescribed						..	668	656
Lenses prescribed	..	..	..	..	..	..	39	413
Authorised repairs	..	..	..	..	..	..	246	258
Orthoptic Department								
New Cases seen	..	..	..	..	..	..	176	204
Old Cases seen	..	..	..	..	..	..	1974	2161

These figures refer not only to school children but also to a number of pre-school children referred to the clinic from the Infant Welfare Centres.

DISEASES OF THE NOSE AND THROAT

The total number of defects noted during the year was 194 as compared with 157 in 1968. The number of Lincoln children who received operative treatment at the County Hospital in 1969 was 199 (157 in 1968).

CHILDREN WITH IMPAIRED HEARING AND THE AUDIO-METRY SERVICE

School children are routinely sweep tested on entering school, again during their last year in Junior School and finally before leaving Senior School. Children whose sweep tests prove to be unsatisfactory are given a pure tone audiometric test.

The construction of a sound-proof room has enabled the nursing staff to produce much more accurate audiograms than has been possible in the past.

All children with abnormal audiograms are referred to Mr. M. Spencer Harrison, F.R.C.S. at the Audiology Unit at the County Hospital, whose co-operation and help is very much appreciated.

Audiometric Tests, 1969

The following table summarises the work carried out during the year:
Number of children tested

Infants	..	..	..	..	..	..	2051
Junior	..	..	..	..	..	..	1488
Senior	..	..	..	..	..	..	818
Total							<hr/> 4357 <hr/>

Number who failed Sweep Tests: 123=2.8%.

Pure Tone Audiograms

The children who failed sweep tests were referred for a pure tone audiogram with the following results:

Number offered appointments for P.T.A.	..	..	113
Number awaiting appointments for P.T.A. on 31.12.69			10
Number who failed to attend	..	..	3
Number of children examined by P.T.A.	..	..	110

Result of pure tone audiograms:

Satisfactory	..	..	..	..	..	42
Unsatisfactory	..	..	..	..	..	68

Disposal and treatment of unsatisfactory cases:

Arranging treatment through G.P.	..	..	..	3
Wax removed	..	..	..	1
For review at Hospital	..	..	..	18
For observation	..	..	..	44
Left Lincoln	..	..	..	2
				<hr/> 68 <hr/>

Number of Audiograms for Speech Therapy purposes 2

SPEECH DEFECTS

It has been the practice to refer children with speech defects to the Speech Therapist at the County Hospital for treatment. Unfortunately, the Speech Therapist resigned in July, 1967 and it has not been possible to provide treatment for Lincoln school children since then.

A Speech Therapist, Mrs. P. Wight, was appointed on a part-time basis by the Local Authority in September, 1969 and she has been available for three sessions a week. Initially she commenced the preliminary assessment of those children on the waiting list for treatment and in the course of her visits to schools has carried out a survey to determine the extent of defective speech in the school population.

I am indebted to Mrs. Wight for the following report on her work during the period mid-September to mid-November, 1969.

"This report concerns those children seen mainly in schools in the City from mid-September to mid-November, 1969. Because of the very large number of referrals, preliminary assessments have, for the most part, been carried out in schools. These have on some occasions been made in difficult conditions and the results may be subject to some revision on full testing.

Eleven children have been seen at St. Christopher's E.S.N. School, but as special cases these are not included in the following figures.

Eighty-nine children were seen in school, of these 78 had articulatory defects. Of these, approximately 30% had a degree of language deficiency, in some cases very severe, 8 were stammerers, 3 had cleft palates and 2 of the articulatory cases suffered from dysarthria. Seven of the articulatory cases had incipient stammers or voice disorders. A few children were known to have hearing losses, but it is likely that at least a third of the children with articulatory defects suffer from fluctuating hearing losses of 20 — 40 decibels or more, and several children have been referred for audiometric testing.

To give a rough assessment of the severity of the problem of speech defective children in the City, I have classified those seen so far in school arbitrarily as follows:

Class 0 — No speech abnormality detected	1
Class 1 — Very slight defects or residual defects which might reasonably be expected to resolve spontaneously	12
Class 2 — Defects which would benefit from therapy, but which do not interfere with communication to any extent	10
Class 3 — Defects where intelligibility is partially impaired	24
Class 4 — Defects where intelligibility is severely impaired, interfering with progress in school and often giving rise to emotional problems	26
Class 5 — Very severe defects where speech is unintelligible or non-existent, also severe cases of stammering	16

There appears to be a disturbingly large number of cases from families where co-operation is likely to be minimal and where the children are language deprived. All the children in Classes 3 — 5 require the attention of a speech therapist (75%).

Apart from three grammar school girls no forms have been received for secondary school children as yet, but it is interesting to note that I have been given the surnames of eleven boys from a grammar school reported to have stammers by the headmaster.

I have 78 children still to see for whom forms have been received.

The survey so far has covered approximately 2,550 children of primary school age and of these 3.5% have been found to have defective speech, at least 3% of these requiring speech therapy. If this percentage may be taken as a fair sample in primary schools in this area, as I have reason to suppose, from a population of 7,200 primary school children, one might expect to find at least 255 requiring treatment."

ORTHOPAEDIC AND POSTURAL DEFECTS

All school children found to be suffering from orthopaedic defects, which in the opinion of the School Medical Officer require investigation, are referred to the orthopaedic clinic held in the School Clinic, Beaumont Fee.

County children living within a reasonable travelling distance of the City who require orthopaedic supervision and treatment are also seen at the Lincoln Clinic.

Clinics were held at approximately monthly intervals by Mr. B. D. Smith, F.R.C.S., to whom I am indebted for the following report:

"The clinics for the minor orthopaedic ailments in the area have continued during the year and, as last year, they mainly seemed to be complaints such as knock knees and flat feet, although we have had two or three cases of

scoliosis in the older children. There always seems to be a hard core of absenteeism but in many cases I expect this is due to the usual run of child infectious ailments. I feel the clinics should continue in their present form."

The following is a summary of the work carried out:

	1969	1968
Number of sessions held by the Orthopaedic Surgeon ..	15	12
Number of new cases seen by the Orthopaedic Surgeon	142	130
Total attendances (new and old cases)	447	399

(The number of cases seen during 1969 includes 2 old cases from Lindsey and 17 old and 4 new from Kesteven).

SCHOOL CHIROPODY SERVICE

Mrs. A. D. Brown, M.Ch.S., part-time School Chiropodist, has continued to work two sessions each week and I give below her report:

"In 1969, one of the two sessions each week was spent at a Secondary Modern School and the other session was divided between a mixed Secondary Modern School and a clinic at Beaumont Fee. The clinic session enabled children from nearby schools to be seen, thereby minimising any loss in schooling. Although the number of sessions remained the same as in 1968, the number of cases greatly increased. 134 verrucae cases were successfully treated while a further 44 cases requiring chiropody also received attention."

The following cases were dealt with by the chiropodist during the year:

	New attendances		Revisits		Total attendances	
	1968	1969	1968	1969	1968	1969
Verrucae	79	134	194	300	273	434
Athletes Foot	15	5	12	1	27	6
Corns	4	18	5	1	9	19
Nails	3	5	3	2	6	7
Skin Condition	3	16	—	5	3	21
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Totals	104	178	214	309	318	487
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

SCHOOL CARDIAC REGISTER

Three new cases were added to the School Cardiac Register during 1969 and there are now 33 cases which have been discovered on routine medical examination.

The diagnoses of these cases are as follows:

(a) Ventricular septal defect	..	..	..	13
(b) Atrial septal defect	..	..	..	4
(c) Mitral incompetence	..	..	..	1
(d) Persistent ductus arteriosus	..	..	..	1
(e) Pulmonary stenosis	..	..	..	5
(f) Patent ductus arteriosus	..	..	..	2
(g) Rheumatic heart disease with polyarthritis	..			2
(h) Aorto Pulmonary Window	..	..	..	1
(i) Co-arctation of the aorta	..	..	..	2
(j) Aortic incompetence and V.S.D.	..	..	..	2

Of these 33 cases, 31 are placed in ordinary schools, 1 in the Open Air School and 1 in the Junior Training Centre.

PRE-SCHOOL CARDIAC REGISTER

Where there is a possibility of a child having a congenital heart lesion, the Consultant Paediatrician is normally asked for his advice. Fortunately, liaison between the Consultant and the Health Department is excellent and this permits us to complete a cardiac register for the pre-school child. During the year under review, a number of suspected cases were examined in the Hospital and the following definite cases have been recorded.

(a) Ventricular septal defect	..	..	..	7
(b) Aortic stenosis	..	..	..	1
(c) Congenital heart disease	..	..	..	3
(d) Patent ductus arteriosus	..	..	..	1

The Principal School Dental Officer is notified of the name and diagnosis of every child on both cardiac registers. He is thus informed of those children 'at risk' and he acts accordingly. The compilation of the pre-school cardiac register also helps to ensure that no case is overlooked when examined at the first routine medical examination.

PROVISION OF SCHOOL CLINICS

At the School Clinic, Beaumont Fee:

Medical Clinic	Fridays at 2 p.m.
Minor Ailments	Wednesday to Friday at 8-30 a.m.
Orthopaedic Clinic	By appointment.

At Maternity and Child Welfare Centre:

Dental Clinic	By appointment.
Emergency cases	Daily at 2 p.m. (without appointment).
Ultra-Violet Light Clinic	By appointment.

Other clinics:

St. Giles Infant School	Minor ailments clinic each morning 9 a.m.
Moorland Primary School	Minor ailments clinic Monday, Wednesday and Friday mornings at 9 a.m.
Sincil Secondary Modern Boys'	Minor ailments clinic Monday, Wednesday and Friday mornings 9 a.m.

At Ravendale Clinic, Laughton Way.

Medical Clinic	Thursday morning (by appointment).
Dental Clinic	By appointment.
Emergency cases	Daily at 2 p.m. (without appointment).

The attendances at the various clinics are summarised in the following table:

Minor Ailments Clinics				New Cases	Revisits	1969 Totals	1968 Totals
Central Clinic	...	...	...	289	1023	1312	987
St. Giles	...	...	...	2019	3102	3401	2614
Skellingthorpe Road	...	...	...	252	1064	1316	1551
Sincil Boys	...	...	...	334	1041	1375	805
				1174	6230	7404	5957
Medical Clinics				203	153	356	413
Orthopaedic Clinics				142	305	447	529
Dental Clinics				2782	4136	6918	6160

NOCTURNAL ENURESIS

Twelve bell and pad alarms were in use during the year and this type of alarm has proved its worth in the treatment of bed wetting at night. Before an alarm is recommended by the School Medical Officer, the child must first be examined to exclude any physical cause for the complaint. The best results are achieved with the alarm in children of eight years or older and only in exceptional circumstances is an alarm issued to a child below this age.

The following table shows the results of treatment and the ages of the children treated during the year.

<i>Age</i>				<i>Cured</i>	<i>Improved</i>	<i>No Improvement</i>	<i>Totals</i>
6	..	..	..	2	—	1	3
7	..	..	..	—	2	—	2
8	..	..	..	5	3	1	9
9	..	..	..	3	1	—	4
10	..	..	..	1	1	1	3
11	..	..	..	3	1	1	5
12	..	..	..	—	2	1	3
13	..	..	..	1	—	3	4
14	..	..	..	—	—	—	—
15	..	..	..	1	—	—	1
				16	10	8	34

One of the School Medical Officers saw a number of children during the year at one of the outlying clinics for the treatment of enuresis by drugs and the following table shows the results of her work:

<i>Age</i>	..	..	<i>Cured</i>	<i>Still under treatment</i>	<i>Failed Appts.</i>	<i>Ref'd. Spec't.</i>	<i>Totals</i>
5	..	..	—	—	—	—	—
6	..	..	1	—	2	—	3
7	..	..	—	1	—	—	1
8	..	..	1	—	1	—	2
9	..	..	1	—	1	—	2
10	..	..	—	1	1	—	2
11	..	..	2	—	—	—	2
12	..	..	—	—	—	1	1
13	..	..	1	1	—	—	2
14	..	..	—	—	—	—	—
15	..	..	—	—	—	—	—
16	..	..	1	—	—	—	1
			7	3	5	1	16

CLEANLINESS OF SCHOOL CHILDREN

PEDICULOSIS CAPITIS

The following table shows the incidence of pediculosis in school children in Lincoln during the last five years:

1965	1966	1967	1968	1969
2.7%	1.9%	2.8%	2.0%	1.9%

Inspection for the presence of pediculosis.

Number of visits to schools	233
Number of inspections of children	31992
Number of children found to be verminous, however slight	275
Notices issued to parents under Section 54(2) of the Education Act, 1944	221
Cleansing Orders under Section 54 (3)	15

The number of children found to be infested during the year was 275 compared with 270 in 1968. The proportion of the school population found to be infested remains fairly steady at between 2% and 3%. It is difficult to see how the numbers can be reduced rapidly since there are a few areas of the City where some families are seldom free from infection.

The main difficulty in eradicating this infestation is that, although it is possible to persuade family contacts to be treated, this is not always the case, and parents and older children often constitute the reservoir of infestation.

Head lotion and special shampoos are freely available from School Clinics for children with verminous heads and, where it is suspected that parents or older members of the family are infested, the School Nurses distribute extra quantities of shampoo and endeavour to persuade the adults to cleanse their own hair.

The vigilance of the School Nurses is instrumental in keeping the numbers of verminous heads at a low level, but the persistence of this infestation is due to lack of training in the homes of those families, which, year after year, allow children to attend school in a verminous condition and put other children at risk.

INFECTIOUS DISEASES IN SCHOOL CHILDREN

The following table shows the number of school children who were notified during the year as suffering from notifiable infectious diseases:

	1969	1968	1967	1966
Acute Meningitis	2	1	—	—
Dysentery	4	1	14	13
Infective Hepatitis	32	295	—	—
Measles	6	251	93	314
Scarlet Fever	12	16	6	18
Whooping Cough	1	4	19	—
	<hr/> 57 <hr/>	<hr/> 568 <hr/>	<hr/> 132 <hr/>	<hr/> 345 <hr/>

Acute Meningitis

Two cases were notified during the year. Both were boys, one aged 7 and one aged 9 years, and both were patients in St. George's Hospital.

Diphtheria

No case of diphtheria has been notified in the City since 1950.

Dysentery

For the past two years the City has been remarkably free from this disease and only 4 cases were notified in school children during the year.

Infective Hepatitis

The epidemic of infective hepatitis which began in 1967 and continued through 1968, subsided during the first half of the year and no notifications were received after September.

A small quantity of Human Immunoglobulin was made available from the Central Public Health Laboratory and was used by a number of General Practitioners for the protection of immediate family contacts of cases. The protection afforded by Human Immunoglobulin is of short duration but, if given promptly, appears to be effective in preventing the contacts of a case from becoming infected.

Measles

Measles tends to occur in epidemic form every two years and in the normal course of events an epidemic would have been expected in Lincoln this year. In actual fact the number of cases notified was the lowest for very many years, and, although it is too early to be conclusive, it is reasonable to assume that the improved situation is a direct result of the use of measles vaccine which has been available since the summer of 1968. The general downward trend in the number of cases notified throughout the country supports this view.

Poliomyelitis

No case has been notified in the City since 1960.

Scarlet Fever

12 cases were notified during the year and all were mild in character.

Whooping Cough

The one case notified was a child of 6 years who had not been immunised.

VACCINATION AND IMMUNISATION

Immunisation against Diphtheria, Whooping Cough and Tetanus

As in past years school entrants have been offered primary immunisation against diphtheria and tetanus, with booster doses against these diseases, for children who had primary immunisation in infancy.

I would like to thank Head Teachers for their co-operation in the immunisation of children at schools, for the visits by the medical and nursing staffs to schools undoubtedly cause interruptions in the school programmes.

The table below gives a summary of the work carried out during the year:

Primary Courses Completed (5 — 15 year age group)

			<i>By L.A.</i>	<i>By GPs</i>	<i>Total</i>
Triple (D.T.P.)	..	..	2	5	7
Diphtheria/Tetanus	..	..	27	8	35
Diphtheria only	..	..	—	—	—
Tetanus only	..	..	4	1	5

Reinforcing Injections (5 — 15 year age group)

Triple (D.T.P.)	..	..	2	38	40
Diphtheria/Tetanus	..	..	763	56	819
Diphtheria only	..	..	24	—	24
Tetanus only	..	..	7	72	79

Poliomyelitis Vaccination

A fourth (or booster) dose of Sabin poliomyelitis vaccine is now offered to children on school entry as a routine, and it is the practice in Lincoln to complete the programme before the end of the summer term.

During the year, 891 children were given fourth doses of vaccine at school, as against 942 in 1968. In addition 110 children were given booster doses by their General Practitioners.

Primary vaccination is offered to those children who have not been protected in infancy, and during the year 57 children received primary courses in school whilst General Practitioners gave a further 10.

TUBERCULOSIS

The following table shows the number of children notified as suffering from Tuberculosis in recent years:

	1964	1965	1966	1967	1968	1969
Pulmonary tuberculosis	3	—	—	1	1	3
Tuberculous meningitis	—	—	—	—	—	—
Tuberculosis, other forms	—	—	—	—	—	—
Totals ..	3	—	—	1	1	3

B.C.G. VACCINATION

The reduction in the incidence of Tuberculosis is in no small measure the result of the B.C.G. Scheme. B.C.G. Vaccination commenced in Lincoln in 1956 and the children offered protection were in the 13 — 14 year old age group.

The following table shows the result of the work carried out during the year:

Consent rate, November survey ..	1969	1968
..	88%	89%
Work carried out during the year		
Number skin tested	1073	973
Number found positive: Grades 1 & 2	68	52
Grades 3 & 4	4	16
Positive rate	7.0	6.8
Number found negative	952	856
Number vaccinated	951	855
Positive Reactors		
Grades 1 and 2 referred to Mass Radiography Unit:		
No evidence of disease	64	50
Refused or failed to attend	3	2
Left the area	1	—
	—	—
	68	52
Grades 3 and 4 X-rayed at Chest Clinic by large film:	—	—
No evidence of disease	4	12
Signs of old healed lesions:		
For follow-up by Chest Physician ..	—	—
No further action	—	4
	—	—
	4	16
	—	—

PROVISION OF SCHOOL MEALS

The number of meals provided during the year ended 31st December, 1969, was as follows:

	1969
To Nursery, Primary and Secondary Schools etc.	1,405,192
To Staff and Helpers	126,967
	<hr/>
	1,532,159
	<hr/>
Number of Free Meals supplied	251,508

On a selected day in 1969, the number of children taking milk at maintained schools under the 'Milk-in-Schools Scheme' was 6,642, which represents approximately 92.9% of those children entitled to free milk and present on the selected day.

HANDICAPPED PUPILS

The Local Education Authority is responsible for ascertaining which pupils over the age of two require special educational treatment, and as it is essential that all handicapped pupils are discovered as early as possible, our efforts are concentrated to this end.

The School Health Department learns of these handicapped pupils from various sources:

1. The Principal School Medical Officer receives a report on every child seen by the Paediatrician. Thus a handicapped infant, e.g. who has a spastic paralysis, is notified to the School Health Section very early; these children are visited very frequently by the Health Visitor and examined at regular intervals by the School Medical Officer. During this pre-school period the opportunity is taken to educate the parents in the care of the child within the community, and also to accustom them to the idea that their child might require special educational treatment, whether it be in ordinary Day or Residential Special School. For the success of this scheme co-operation is essential between all medical and social agencies dealing with the handicapped child, and in Lincoln we are fortunate because a very cordial relationship exists between the Paediatrician, General Practitioners and the School Medical Officers.
2. A further source is the routine medical inspection, and in the future it is hoped more time will be spent at this inspection to discuss with the Head Teacher and the parents the progress of handicapped pupils who are receiving their education in a normal school.

The following handicapped pupils were ascertained during the year:

Blind	1
Deaf	1
Partially Hearing	4
Physically Handicapped	7
Delicate	9
Maladjusted	2
Educationally subnormal	18
Epileptic	2

Although the policy of the Local Education Authority is to educate as many of the handicapped pupils as possible in a normal school environment, nevertheless it is still necessary to place a number of handicapped pupils in either day or residential special schools.

The following table shows the number of children ascertained as in need of special educational treatment in Lincoln, and the schools in which they are placed:

Blind

No child required special residential schooling on account of this condition.

Partially sighted

6 children are in special schools:

East Anglian School, Great Yarmouth	..	..	3
Exhall Grange, Coventry	..	..	2
St. Vincent's School, Liverpool	..	..	1

Deaf

4 children are in special schools:

Royal School for the Deaf, Derby	..	..	2
Burwood Park School, Surrey	..	..	1
Mary Hare Grammar School, Newbury	..	..	1

Partially hearing

12 children are in special schools:

Maud Maxfield School, Sheffield	..	..	2
Partially Hearing Unit, Boultham School, Lincoln	..	10	

Educationally subnormal

115 children are in special schools or classes:

St. Christopher's, Lincoln	..	..	110
Hilton Grange School, Leeds	..	..	2
Besford Court, Worcester	..	..	1
Aldwark Manor, Yorks.	..	..	1
Milton Hall, Brampton	..	..	1

Epileptic

No child required special residential schooling on account of this condition.

Maladjusted

9 children are in special schools:

Deighton Close, Louth	..	..	5
Clwyd Hall School, Denbigh	..	..	2
Finchden Manor School, Tenterden	..	..	1
Overseal Manor, Derbyshire	..	..	1

Physically handicapped

29 children are in special schools:

Lincoln Open Air	..	..	25
Exhall Grange School, Coventry	..	..	1
Chantrey School, Sheffield	..	..	1
Star Centre for Youth, Cheltenham	..	..	1
Thieves Wood School, Mansfield	..	..	1

Speech Defect

No child required special residential schooling on account of this condition.

Delicate

26 children are in special schools:

Lincoln Open Air	..	..	..	..	..	25
Eden Hall School, Bacton	..	..	..	..	..	1

The following handicapped pupils were awaiting admission to special schools in December, 1969:

Blind	..	..	..	..	..	..	1
Delicate	..	..	..	..	..	..	1
Educationally subnormal	..	..	..	..	..	..	8
Epileptic	..	..	..	..	..	..	2
Maladjusted	..	..	..	..	..	..	1
Physically Handicapped	..	..	..	..	..	..	1

PARTIALLY HEARING UNIT

The Unit for Partially Deaf Children at Boultham Infants School is in the charge of Miss E. E. Norris and I am indebted to her for the following report.

Report on the work of the Partially Hearing Unit during 1969

"I am sending an account of the work of the Partially Hearing Unit for the year."

Children attending the Unit

Full-time

<i>Sex</i>	<i>Age</i>	<i>Authority</i>
Male	3 years	Lincoln
Male	4 years	Lincoln
Male	4 years	Lincoln
Male	5 years	Lincoln
Female	6 years	Kesteven
Male	6 years	Lincoln
Female	7 years	Lincoln
Male	7 years	Lincoln
Female	7 years	Lincoln
Male	7 years	Lincoln
Male	8 years	Lincoln
Male	10 years	Lincoln
Male	11 years	Lindsey

Part-time attendance for remedial help

Male	10 years	Lincoln
Female	12 years	Kesteven

Partially deaf children in full-time attendance at hearing schools

Male	9 years	Lincoln
Female	12 years	Lincoln
Male	12 years	Lincoln

Staff

A full-time Nursery Nurse was appointed to help with the younger children.

CHILDREN ASCERTAINED AS UNSUITABLE FOR EDUCATION AT SCHOOL

Eleven children were ascertained during 1969 as unsuitable for education at school.

Reports in respect of these children were sent to the Local Health Authority (Mental Welfare Section).

SPECIAL SCHOOLS IN LINCOLN

Open Air School

This school provides accommodation for about 90 children.

The numbers of children on the roll and those admitted and discharged during the year were as follows:

Number on the roll December, 1969	..	..	56
Number of children admitted during 1969	..	..	15
Number of children discharged during 1969	..	..	10

Included in the above figures are six children from County areas who attend the Open Air School.

The medical condition of the children for whom this type of education was necessary was as follows:

General Debility	..	..	..	..	..	5
Bronchitis	..	..	..	..	..	8
Asthma	..	..	..	..	..	10
Haemophilia	..	..	..	..	..	3
Cerebral Palsy	..	..	..	..	..	5
Hydrocephalus	..	..	..	..	..	2
Orthopaedic defect	..	..	..	..	..	3
Fibrocystic disease	..	..	..	..	..	3
Spina Bifida	..	..	..	..	..	6
Miscellaneous	..	..	..	..	..	11

A number of the children in the above categories have been admitted to the Open Air School partly because of their specific disability and also because in some cases the family background is unsatisfactory and contributes to or exacerbates the disability which is present.

A Medical Officer visits the school on four occasions each term, and a School Nurse visits from time to time as the need arises.

DAY SCHOOL FOR EDUCATIONALLY SUBNORMAL CHILDREN

St. Christopher's, a purpose built school for educationally subnormal children was completed during 1966 and a Diagnostic Unit attached to the school was opened in 1967.

At the end of 1969, there were 131 pupils in St. Christopher's School and Diagnostic Unit as follows:

Lincoln E.S.N. children	..	..	..	..	105
Lindsey E.S.N. children	..	..	..	..	18
Kesteven E.S.N. children	..	..	..	..	8

The Diagnostic Unit is proving to be particularly useful in the assessment of those borderline cases whose future placement is somewhat doubtful. In the past there has been no means of accurately assessing these children, but they can now be admitted to the Unit for an indefinite period for observation and testing. Nine children were in the Unit at the end of 1969.

NURSERY SCHOOLS

The two nursery schools have been supplemented by nursery classes at three Infants' Schools. The children admitted to the nursery classes have been in the main, children of women who have returned to school teaching.

The average attendances during the year were as follows:

				<i>Average Attendance</i>
St. Cuthbert's Nursery School	..	..	..	38.8
St. Giles Nursery School	..	..	..	38.1
St. Botolph's Nursery Class	..	..	..	18.7
Hartsholme Nursery Class	..	..	..	20.0
Manor Leas Nursery Class	..	..	..	20.0

All children at Nursery Schools are medically examined on entry and a medical officer visits at regular intervals to see new entrants and to examine other children when required.

THE CHILDREN AND YOUNG PERSONS' ACT, 1933

280 children were examined for employment outside school hours as compared with 227 in the previous year, mainly for the purpose of licensing for newspaper delivery. Of this number two children were found to be unfit for employment.

HOME TEACHING

During 1969, 7 children were taught at home and the conditions which necessitated home teaching were as follows:

Orthopaedic	..	..	..	..	..	4
Tuberculosis	..	..	..	..	..	1
Maternity	..	..	..	..	..	2

MEDICAL EXAMINATION OF TEACHERS AND ENTRANTS TO TRAINING COLLEGES

79 teachers appointed to the Authority's staff were medically examined during the year.

100 students were also examined in connection with their entry to Training Colleges.

DEATHS OCCURRING IN CHILDREN OF SCHOOL AGE

It is gratifying to record that no child of school age died during the year.

HEALTH EDUCATION

The Health Education service offered to schools during the year was further extended, and improvements on the 1968 programme were made. More use was made of visual aids such as films and slides; pupils in the secondary modern schools kept note books and junior school children were also encouraged to make note books, with good results.

A full programme of Health Education is now well established in two of the secondary modern schools, and discussions are going ahead with a third school to commence a programme there in the Autumn Term of 1970. The following subjects are included in the programme — human biology, care and maintenance of the body, what is needed for health, personal hygiene,

sex education, mothercraft, the principles of first aid and home nursing, safety in the home, prevention of accidents, Local Authority and Welfare services, family and personal relationships, and special subjects such as the venereal diseases, family planning and smoking.

Health Education talks are now an established part of the time-table in six of the large junior schools in the City and this service has now been extended to include two more schools. As in the previous year, a talk is given every two weeks throughout the school year to the 10 — 11 age group. The subjects of the talks are the human body, the various systems of the body, care and maintenance, simple hygiene, food and a balanced diet, prevention of accidents, simple first aid, smoking and community health. Visual aids used are films, slides and flannel graphs. Before sex education talks are given, Head Teachers inform parents by letter and in one school parents are invited to attend the talks; a few parents accept the invitations. Some parents also have an opportunity to see the slides and films used for sex education talks at Parent/Teacher meetings.

In 1968 the six to seven year olds in one of the infant schools were given simple talks on the human body; the talks also covered hygiene and families. These have been discontinued at present in order to extend the talks in junior and secondary modern schools.

A series of special talks on sex education was given at the end of term in one of the girls' high schools.

The programme of health education in the College of Art which was commenced with the printing and hairdressing students is now a permanent addition to the time-table in the liberal studies section. The subject matter of the talks includes what is needed for health, care and maintenance, food and balanced diets, activity and rest, clothing and shelter, family and friends, the breakdown of health, family planning, the venereal diseases, smoking and the people's health which includes the Health Service in Britain today, the services concerned with treatment, Public Health and Preventive Services and other services concerned with health and world health.

Talks were given to trainee nursery nurses at the College of Technology on the work of the Health Visitor, Public Health and venereal diseases.

The health education programme in schools will be maintained, continually improved and kept up to date and, wherever possible, extended.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

In 1969 the school dental service has again had to operate with insufficient staff; as a result we have been unable to secure the routine annual inspection of all school children, 70% having been inspected as compared with the national average of 48.3%. Compared to the previous two years it does, however, represent a sad decline and our treatment programme suffers accordingly, the interval between inspection and treatment and between courses of treatment becoming unduly long in some cases. The findings as regards dental fitness indicate that the percentage requiring treatment has remained roughly the same for the last three years — 40.8% in 1969, 39.5 in 1968, 40.3% in 1967, compared with the national average of 67.3%. Closer inspection of the returns from certain schools do, however, show a marked decline in dental fitness. These are situated in an area almost devoid of general dental practice and shows in no uncertain terms the importance of being able to provide continuity of service. The Ravendale Clinic was non-operational for 10 months in 1967-68 causing severe disruption to the service for this area. This situation is now being remedied and we are going to

concentrate our Dental Health Education effort on these schools to try to bring about an improvement during 1970.

In addition to the resignation of the Dental Auxiliary in September, 1969, it was with regret that our Dental Health Education Officer, Mrs. Jean Abell, left the service to get married. She has been a very much valued member of our staff and has given splendid service to the community. Fortunately we were able to appoint a new officer to this post without much delay.

So far as treatment is concerned there has been an encouraging increase in visits and conservation treatment, particularly of the permanent dentition. The increase in extractions of permanent teeth is mainly for orthodontic reasons. The ratio between permanent teeth filled to teeth extracted remains favourable and at 9.1:1 may be compared to 8.4:1 for 1968, and a national average of 5.3:1.

So far as preventive dentistry is concerned, we are employing topical fluorides whenever a child is deemed to be at risk. Over 300 courses were carried out last year. The results are encouraging, but as a method of caries control it is time-consuming and cannot be compared to water fluoridation for efficiency and economics. It is to be hoped that the decision to fluoridate will be translated into reality as soon as possible.

The disruption to the service as caused by resignation of staff and illness has brought about an increase in failed and cancelled appointments, 1.35 per session being a much too high figure. At the end of the year the service was fortunate to increase its depleted staff strength by appointing a part-time dental officer. It is hoped that a newly-qualified dental auxiliary will enter the service in September, 1970.

Our orthodontic service, which constitutes a very important part of our work, has increased by 100% in the last year and we are fortunate indeed to have a very close liaison with the consultant orthodontist to the Hospital Board, Mr. E. S. Foster. We are very grateful to him for the help and encouragement he has shown us. I also thank my colleagues and staff for their hard work and dedication to the service over the year. My thanks also go to the Principal School Medical Officer and the Chief Education Officer and their staffs for encouragement and support.

G. A. VEGA,

Principal School Dental Officer.

DENTAL HEALTH EDUCATION

The year started well with a visit to every Nursery and Infant School in the City with individual class talks and instruction on oral hygiene and filmstrips on the importance and care of teeth. In addition, the City's three private schools received the first of a series of talks.

Planning then commenced on the two Dental Health Weeks to be held in April and May. All Head Teachers were contacted and plans for the dental health programme discussed. Manufacturers of dentifrices, toothpaste, toothbrushes, potato crisps, nuts and producers of dental health material were asked to support the Dental Health Weeks. Material and products received were sorted, counted and distributed to schools, doctors, dentists, Health and Education Departments, Maternity and Child Welfare Clinics. Displays were mounted in the City's Libraries, dental surgeries and M.C.W. Clinics. Two local firms allowed material to be displayed in their shop windows and posters were mounted on public notice boards.

The local press were notified of the events to take place and articles on

dental health education were published. The City's Dental Auxiliary assisted with some talks in schools.

During the April Dental Health Week, talks were given on dental anatomy and oral hygiene to all Secondary Modern Schools except Spring Hill Girls (C.S.E. exams). Career talks and oral hygiene instruction took place in a selection of the City's four grammar schools. Miss D. Land of the Oral Hygiene Service, London, spent three days in the City assisting with the senior school talks "Careers in Dentistry". She also addressed the students at the Teachers' Training College on how to present Dental Health Education to school children.

The second Dental Health Week which commenced on 19th May was officially opened by the Mayoress (Mrs. Wadsworth). Mr. P. Picton (Pierre the Clown) sponsored by the Fresh Fruit and Vegetable Council, spent the week visiting every Nursery, Infant, Junior and Special and Private School in the City. His tour of schools once again proved to be very successful. Nearly 10,000 apples, provided free of charge by the Fresh Fruit and Vegetable Council, were distributed after his visit.

An Exhibition was held at the Annual Youth Show on 17th May. The main theme was "World Dental Health". Material was received from many different countries and the City's dental nurses dressed in national costumes and helped with the displays and competitions.

During the Autumn term all Infant Schools, including private schools, were visited and new entrants given a talk and a beaker pack consisting of toothbrush, toothpaste and beaker to introduce them to the School Dental Service. Visits were also made to St. Cuthberts and St. Giles Nursery Schools. In addition, four Junior Schools were given individual class talks.

Summary of Dental Inspections and Treatment carried out during 1969

	1969	1968
Inspections		
First inspection at school (No. of pupils)	10066	10646
No. found to require treatment	4112	4214
Percentage requiring treatment	40.8%	39.5%
Percentage referred for treatment	87.1%	77.5%
Percentage accepted treatment	49.3%	49.2%
Sessions		
Sessions devoted to treatment	1389	1169
Sessions devoted to inspection	76	82
Sessions devoted to Dental Health Education ..	400	462
Attendances and Treatment		
First visit	2782	2675
Subsequent visits	4136	3485
Total visits	6918	6160
Additional courses of treatment	148	112
Fillings in permanent teeth	5736	4404
Fillings in deciduous teeth	2252	2628
Permanent teeth filled	4825	3611
Deciduous teeth filled	2008	2345
Permanent teeth extracted	526	429
Deciduous teeth extracted	1627	1571
General anaesthetics	458	301

Attendance and Treatment—<i>continued</i>							1969	1968
Emergencies .. .. .	..	..	..	..	..	..	804	845
No. of patients X-rayed .. .. .	..	..	..	..	..	..	377	343
Prophylaxis .. .. .	..	..	..	..	..	..	727 302	1037
Topical fluoride .. .. .	..	..	..	..	..	..
Teeth otherwise conserved .. .. .	..	..	..	..	..	..	1086	471
No. of teeth root filled .. .. .	..	..	..	..	..	..	14	24
Inlays .. .. .	..	..	..	..	..	..	3	5
Crowns .. .. .	..	..	..	..	..	..	19	29
Orthodontic extractions .. .. .	..	..	..	..	..	..	533	468
Courses of treatment completed .. .. .	..	..	..	..	..	..	2787	2797
Failed and cancelled appointments .. .. .	..	..	..	..	..	..	1869 (1.35 per session)	

Orthodontics

Cases remaining from previous year .. .. .	..	..	..	..	..	..	23	32
New cases .. .. .	..	..	..	..	..	..	82	41
Cases completed .. .. .	..	..	..	..	..	..	62	44
Cases discontinued .. .. .	..	..	..	..	..	..	11	6
No. of removable appliances .. .. .	..	..	..	..	..	..	88	44
No. of fixed appliances .. .. .	..	..	..	..	..	..	4	5
No. referred to hospital consultant .. .. .	..	..	..	..	..	..	23	6

Prosthetics

Pupils supplied with F.U. or F.L. (first time) .. .. .	..	..	..	..	..	..	1	3
Pupils supplied with other dentures (first time) .. .. .	..	..	..	..	..	..	15	15
No. of dentures supplied .. .. .	..	..	..	..	..	..	21	20
Anaesthetics administered by Dental Officers .. .. .	..	..	..	..	..	..	1	—

Lincoln Averages compared with previous years

	1967	1968	1969	<i>National Average</i>
	%	%	%	%
Percentage inspected at School Inspections (first time in year)	99.7	84.9	70.0	48.3
Total No. inspected at school and clinic (first time in year)	100.0	93.3	78.8	55.1
Percentage requiring treatment	40.3	39.5	40.8	67.3
Percentage of school population treated	22.6	20.5	18.0	17.3

Work per session including Auxiliary

Fillings	7.4	6.0	5.7	5.6
Extractions	1.9	1.7	1.5	2.3

Ratio of teeth filled to teeth extracted

Permanent	8.28:1	8.4:1	9.1:1	5.3:1
Deciduous	1.7:1	1.5:1	1.2:1	0.6:1
Overall	3.5:1	3.0:1	3.17:1	2.2:1

(NOTE: When discounting orthodontic extractions, the overall ratio is 3.9:1 for 1968; 4.2:1 for 1969.)

CHILD GUIDANCE UNIT REPORT

I am indebted to Dr. J. S. Edmondson for the following report on the work of the Child Guidance Clinic during 1969.

"Mention should of course be first made of the deep loss which the Clinic felt on the death of Dr. Jackson, Senior Educational Psychologist, who had been ill for some time prior to his death.

His departure meant that the psychological services of the clinic were very greatly weakened although we have been pleased to have the services of Miss Elizabeth Sanders for the latter part of 1969 and it is now hoped that she will soon be joined by another colleague to help her in the enormous burden of work which has fallen to her. It is, of course, becoming increasingly apparent now that education is moving rapidly from traditional moulds to a more scientific reflectiveness that there should be at its core an adequate school psychological service and we are, therefore, more than pleased with the wisdom which was behind the decision to increase the staff of the Child Guidance Clinic from one to two Educational Psychologists and it is to be hoped in future that this will be seen to be the minimum requirement.

In contrast to this, however, we are still very badly lacking in adequate staff in the treatment of emotional problems. During 1969 there were a total of 668 attendances on the Consultant Psychiatrist this figure including both parents and children. This number also represented a total of 75 new cases of which 66 came from Lincoln City. All of these figures are comparable for those for 1968, however, it has not been possible to do complete justice in the treatment field because of shortage of time and we are more than ever in need of a play therapist who will be able to put in the necessary time and energy to the treatment of some of these smaller children who can only be adequately approached if adequate time is spent with them in the play room.

Mention should also be made at this stage of the intention to implement the Seebohm Report, at least in some of its particulars, and in particular the setting up of a Seebohm type administration for the social services. At the field work level we have been gradually moving towards this for some considerable time but its actual implementation will probably require a great deal of administrative dexterity if people are to be happy with the new system and able to make their full contribution to its organisation and yet retain close links with their clients at a personal level. There is always a great danger that in any sort of organisational upheaval that primary emotional bonds or relationships which form the basic structure of society will become disturbed and it is to be hoped that in the implementation of these recommendations great care will be taken to avoid disrupting any relationships which are of therapeutic or other usefulness.

I think it would be finally appropriate to mention some of the particular clinical problems which have been of note during the past year. We have continued to have a series of quite serious school refusal problems and during last year two of these had to be admitted to hospital in rather difficult circumstances. Although some of these problems may to some extent be regarded as inevitable in a sense that they are often symptoms of quite severe psychiatric upset it is quite apparent that in many of the minor cases of school refusal we are dealing with extremely sensitive children who rapidly become demoralised and perhaps their existence in the educational system is as yet not fully recognised.

Other than this it has been noticeable during the past year that the Child Psychiatric services have had the support and interest of the General Practitioners to an ever increasing extent. This is something that has been very deeply appreciated and it is hoped that the close liaison between all of those services seeking to help the individual Patient and his family will be increased even further.

SPECIAL UNIT AT THE LAWN HOSPITAL

I am indebted to Dr. G. McK. Nicholl for the following report on the Special Unit for maladjusted children at The Lawn Hospital, Lincoln.

“During the year 1969 the Children’s Unit continued to implement the policy of using the facilities available in as flexible a manner as possible.

We have had children in on a day basis from the City and nearby areas, both for investigation and remedial help. Children from the unit in co-operation with the Education Department have been able to go out to the ordinary schools in the area. In my opinion the most important aspect of our work here is the close co-operation we have had both from the health and education departments in the City. We would be unable to integrate the work of the unit without the facilities available in the area; I am sure that in the future co-operation between all agencies concerned with children is the important growing point for work, both in hospital and Local Authority. The more these barriers can be broken down the better service we can give to the children.”

